

**GLBTQ Legal Advocates & Defenders
LAWYER REFERRAL SERVICE
Renewal Form**

Date _____

ATTORNEY INFORMATION

Name _____

Work Phone _____

Firm Name _____

Work Fax _____

Address _____

TTD/TTY Phone _____

Email _____

Size of Firm (approx. number of attorneys) _____

Bar admissions [year(s) admitted & jurisdictions(s)] _____

Malpractice insurance carrier _____ Expiration Date _____

I do not have malpractice insurance, but I have posted a bond in the amount of _____

I have attached a copy of the declaration page from my policy or certificate of insurance.

ACCESSIBILITY

Languages other than English that you speak, write, or read fluently _____

Languages for which you or your firm provide interpreters at no cost to the client _____

I am conversant in American Sign Language (ASL) Yes No

I do not know ASL, but am willing to provide an ASL interpreter at no cost to the client Yes No

My firm is wheelchair accessible. Yes No

My firm is not wheelchair accessible, but I am willing to make arrangements to meet with clients in an accessible space if necessary. Yes No

I am experienced and knowledgeable about the legal issues of transgender people. Yes No

REFERRALS SOUGHT

I am licensed to practice in and want to receive referrals in the following states:

- Connecticut
- Maine
- Greater Boston
- Outside Greater Boston
- New Hampshire
- Rhode Island
- Vermont

I wish to join GLAD's Lawyer Referral Service and accept regular fee referrals from GLAD.

I am willing to accept up to _____ *pro bono* referrals per year.

In general, I am:

- willing to consider contingent fee representation
- not willing to represent clients on a contingent fee basis.
- willing to consider contingent fee cases only in these practice areas, or under the following circumstances: _____

I would consider helping GLAD as a Cooperating Attorney on an impact case GLAD litigates.

OVER →

AREAS OF PRACTICE

The table to the right lists various areas of practice. Please check each area in which you have expertise and/or in which you are willing to receive referrals. **If you do every sub-area within a particular area, just put a single checkmark beside the bold area title.**

Is there other experience or information that you would like to share with us?

AND LASTLY...

- I want referrals for the practice areas I checked and certify that I am competent, qualified, and have substantive experience in these areas.

I declare that, to the best of my knowledge and belief, the information provided in this application is true, correct and accurate.

Signature of Applicant

Date

PLEASE SEND ALL MATERIALS TO:

Daniel Weiss
Public Information Manager
Gay & Lesbian Advocates & Defenders
30 Winter Street, Suite 800
Boston, MA 02108
617-426-1350
dweiss@glad.org

	General	Pro bono		General	Pro bono
BANKRUPTCY	<input type="checkbox"/>	<input type="checkbox"/>		Partner Dissolutions	<input type="checkbox"/>
Individual	<input type="checkbox"/>	<input type="checkbox"/>		Custody/Visitation	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>		Child Support	<input type="checkbox"/>
				Mediation	<input type="checkbox"/>
BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>		Domestic Violence	<input type="checkbox"/>
Small Business	<input type="checkbox"/>	<input type="checkbox"/>		HOUSING	<input type="checkbox"/>
Business Formation	<input type="checkbox"/>	<input type="checkbox"/>		Sexual Orientation Discrimination	<input type="checkbox"/>
Non-Profit	<input type="checkbox"/>	<input type="checkbox"/>		Sex Discrimination	<input type="checkbox"/>
Business Litigation	<input type="checkbox"/>	<input type="checkbox"/>		Disability Discrimination	<input type="checkbox"/>
International	<input type="checkbox"/>	<input type="checkbox"/>		Gender Identity Discrimination	<input type="checkbox"/>
				Race/National Origin Discrimination	<input type="checkbox"/>
CIVIL RIGHTS & LIBERTIES	<input type="checkbox"/>	<input type="checkbox"/>		Religion Discrimination	<input type="checkbox"/>
First Amendment	<input type="checkbox"/>	<input type="checkbox"/>		Landlord/Tenant	<input type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>		Public Housing	<input type="checkbox"/>
Mental Health Law	<input type="checkbox"/>	<input type="checkbox"/>		IMMIGRATION	<input type="checkbox"/>
Police Brutality	<input type="checkbox"/>	<input type="checkbox"/>		INSURANCE	<input type="checkbox"/>
Constitutional Litigation	<input type="checkbox"/>	<input type="checkbox"/>		PRISONERS' RIGHTS	<input type="checkbox"/>
Gay Rights	<input type="checkbox"/>	<input type="checkbox"/>		PRIVACY & CONFIDENTIALITY	<input type="checkbox"/>
Disability Rights	<input type="checkbox"/>	<input type="checkbox"/>		PROBATE	<input type="checkbox"/>
Transgender Rights	<input type="checkbox"/>	<input type="checkbox"/>		Name Changes	<input type="checkbox"/>
				Wills/Estate Planning	<input type="checkbox"/>
COLLECTIONS	<input type="checkbox"/>	<input type="checkbox"/>		Guardianship/Standby Guardianship	<input type="checkbox"/>
Post-decree Process	<input type="checkbox"/>	<input type="checkbox"/>		Litigation	<input type="checkbox"/>
				PUBLIC ACCOMMODATIONS	<input type="checkbox"/>
CONSUMER	<input type="checkbox"/>	<input type="checkbox"/>		Sexual Orientation Discrimination	<input type="checkbox"/>
CRIMINAL	<input type="checkbox"/>	<input type="checkbox"/>		Sex Discrimination	<input type="checkbox"/>
General Defense	<input type="checkbox"/>	<input type="checkbox"/>		Disability Discrimination	<input type="checkbox"/>
Sex Offenses	<input type="checkbox"/>	<input type="checkbox"/>		Gender Identity Discrimination	<input type="checkbox"/>
Trials	<input type="checkbox"/>	<input type="checkbox"/>		Race/National Origin Discrimination	<input type="checkbox"/>
Appeals	<input type="checkbox"/>	<input type="checkbox"/>		Religion Discrimination	<input type="checkbox"/>
DUI	<input type="checkbox"/>	<input type="checkbox"/>		REAL ESTATE	<input type="checkbox"/>
Hate Crimes/Harassment	<input type="checkbox"/>	<input type="checkbox"/>		Residential	<input type="checkbox"/>
				Commercial	<input type="checkbox"/>
DISABILITY & BENEFITS	<input type="checkbox"/>	<input type="checkbox"/>		Zoning	<input type="checkbox"/>
Disability Pensions	<input type="checkbox"/>	<input type="checkbox"/>		TAXATION	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>		Personal	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>		Corporate	<input type="checkbox"/>
Veteran's Administration	<input type="checkbox"/>	<input type="checkbox"/>		TORT: CIVIL SUIT	<input type="checkbox"/>
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>		Defamation	<input type="checkbox"/>
Other Public Benefits	<input type="checkbox"/>	<input type="checkbox"/>		Invasion of Privacy	<input type="checkbox"/>
				Personal Injury	<input type="checkbox"/>
EDUCATION & STUDENT RTS.	<input type="checkbox"/>	<input type="checkbox"/>		Medical Malpractice	<input type="checkbox"/>
EMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>		Legal Malpractice	<input type="checkbox"/>
Sexual Orientation Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		Therapist Abuse	<input type="checkbox"/>
Sex Discrimination/Sexual Harassment	<input type="checkbox"/>	<input type="checkbox"/>		Incest/Sex Abuse	<input type="checkbox"/>
Disability Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		Product Liability	<input type="checkbox"/>
Gender Identity Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		Wrongful Death	<input type="checkbox"/>
Race/National Origin Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		Tort Defense	<input type="checkbox"/>
Religion Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		OTHER	<input type="checkbox"/>
Age Discrimination	<input type="checkbox"/>	<input type="checkbox"/>		_____ <input type="checkbox"/>	<input type="checkbox"/>
Federal Employees	<input type="checkbox"/>	<input type="checkbox"/>			
Termination Rights	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>			
Labor	<input type="checkbox"/>	<input type="checkbox"/>			
FAMILY LAW	<input type="checkbox"/>	<input type="checkbox"/>			
Adoption/2 nd Parent Adoption	<input type="checkbox"/>	<input type="checkbox"/>			
Partnership Agreements	<input type="checkbox"/>	<input type="checkbox"/>			
Parenting/Donor Agreements	<input type="checkbox"/>	<input type="checkbox"/>			
Foster Care/DSS Issues	<input type="checkbox"/>	<input type="checkbox"/>			
Divorce	<input type="checkbox"/>	<input type="checkbox"/>			