



GLBTQ Legal Advocates & Defenders
LAWYER REFERRAL SERVICE
Application 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?

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### 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.*

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Signature of Applicant

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Date

### PLEASE SEND ALL MATERIALS TO:

J.D. Melendez  
Public Information Manager  
GLBTQ Legal Advocates & Defenders  
18 Tremont St, STE 950  
Boston, MA 02108  
617-426-1350  
[jmelendez@glad.org](mailto:jmelendez@glad.org)

#### **BANKRUPTCY**

Individual  
Business

#### **BUSINESS**

Small Business  
Business Formation  
Non-Profit  
Business Litigation  
International

#### **CIVIL RIGHTS & LIBERTIES**

First Amendment  
Health Care  
Mental Health Law  
Police Brutality  
Constitutional Litigation  
Gay Rights  
Disability Rights  
Transgender Rights

#### **COLLECTIONS**

Post-decree Process

#### **CONSUMER**

#### **CRIMINAL**

General Defense  
Sex Offenses  
Trials  
Appeals  
DUI  
Hate Crimes/Harassment

#### **DISABILITY & BENEFITS**

Disability Pensions  
Social Security  
Medicaid  
Veteran's Administration  
Workers Compensation  
Other Public Benefits

#### **EDUCATION & STUDENT RTS.**

#### **EMPLOYMENT**

Sexual Orientation Discrimination  
Sex Discrimination/Sexual Harassment  
Disability Discrimination  
Gender Identity Discrimination  
Race/National Origin Discrimination  
Religion Discrimination  
Age Discrimination  
Federal Employees  
Termination Rights  
Unemployment Compensation  
Labor

#### **FAMILY LAW**

Adoption/2<sup>nd</sup> Parent Adoption  
Partnership Agreements  
Parenting/Donor Agreements  
Foster Care/DSS Issues  
Divorce

Partner Dissolutions  
Custody/Visitation  
Child Support  
Mediation  
Domestic Violence

#### **HOUSING**

Sexual Orientation Discrimination  
Sex Discrimination  
Disability Discrimination  
Gender Identity Discrimination  
Race/National Origin Discrimination  
Religion Discrimination  
Landlord/Tenant  
Public Housing

#### **IMMIGRATION**

#### **INSURANCE**

#### **PRISONERS' RIGHTS**

#### **PRIVACY & CONFIDENTIALITY**

#### **PROBATE**

Name Changes  
Wills/Estate Planning  
Guardianship/Standby Guardianship  
Litigation

#### **PUBLIC ACCOMMODATIONS**

Sexual Orientation Discrimination  
Sex Discrimination  
Disability Discrimination  
Gender Identity Discrimination  
Race/National Origin Discrimination  
Religion Discrimination

#### **REAL ESTATE**

Residential  
Commercial  
Zoning

#### **TAXATION**

Personal  
Corporate

#### **TORT: CIVIL SUIT**

Defamation  
Invasion of Privacy  
Personal Injury  
Medical Malpractice  
Legal Malpractice  
Therapist Abuse  
Incest/Sex Abuse  
Product Liability  
Wrongful Death  
Tort Defense

#### **OTHER**

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General

Pro bono

General

Pro bono