

A Chapter of the
WOMEN'S
BAR ASSOCIATION
OF THE STATE OF
NEW YORK

Capital District Women's Bar Association

P.O. Box 3747, Albany, New York 12203 (518) 438-5511

President

Linda Clark

Executive Director

Ava Charne

Capital District Women's Bar Association Registration for Lawyer Referral Service Introduction

The Women's Bar Association Lawyer Referral Service is designed to provide individuals seeking the advice of legal counsel with the names of lawyers whom they can contact. The referral service is not a *pro bono* service and is designed to serve individuals who can afford the services of a lawyer.

We receive many requests for referrals and want to include as many of our members as possible. We can only provide referrals to members who complete the registration form on an annual basis.

Individuals wishing to participate in the referral service must complete the form on the opposite side, even if you have done so in the past. Registration in the referral service is only open to members of the Capital District Women's Bar Association. There is no fee to register.

Terms and Conditions

1. A referral list of lawyers will be maintained alphabetically under subject listings and referrals will be made on a rotating basis within each subject area.
2. Any fees for any services will be agreed upon between the client and the lawyer.
3. The usual relationship of attorney and client shall exist and be preserved as if a client had consulted directly with the lawyer, without the aid of the referral service.
4. Complete registration forms by August 15, 2007 and mail to:
Capital District Women's Bar Association
P. O. Box 3747
Albany, NY 12203

**Capital District Women's Bar Association
Lawyer Referral Service**

Please complete this form if you would like to register for the Lawyer Referral Service. There is no registration fee and registration is only open to members of the Capital District Women's Bar Association. Please return by August 15th to Ava Charne, PO Box 3747, Albany, NY 12203.

1. Name: _____
Firm Name, if any: _____
Address: _____

2. Telephone Number: _____

3. Check each category in which you believe you are qualified and would like to receive referrals:

- _____ Accidents, Personal Injury
- _____ Administrative Law
- _____ Adoption - Domestic/Foreign
- _____ Appellate Practice
- _____ Bankruptcy
- _____ Civil Rights
- _____ Consumer
- _____ Contract & Construction Law
- _____ Corporation & Partnership
- _____ Criminal Law
- _____ Debt Collection
- _____ Disabilities
- _____ Discrimination
- _____ Domestic Violence
- _____ Education
- _____ Elder Care
- _____ Environmental Law
- _____ Health Care
- _____ Immigration and Naturalization
- _____ Labor Law
- _____ Landlord/Tenant
- _____ Marital & Family Law
- _____ Real Estate
- _____ Social Security
- _____ Tax
- _____ Wills, Trusts & Probate
- _____ Worker's Compensation
- _____ Women's Rights
- _____ Other

Date: _____

Signed _____