

MASSACHUSETTS BAR ASSOCIATION

**LAWYER REFERRAL SERVICE**

**2026–27 New Member Application**

Please fill out the form below, list your practice areas on page ii of this application, review the Rules of the Lawyer Referral Service on page iii, and sign and date the application. Return this form, your payment and Certificate of Insurance to:

**Massachusetts Bar Association Lawyer Referral Service**  
**20 West St., Boston, MA 02111-1204**

**Questions?** Call the MBA Lawyer Referral Service at (617) 338-0556 or email [LRS@MassBar.org](mailto:LRS@MassBar.org). Please print or type.

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Firm address: \_\_\_\_\_

\_\_\_\_\_

City/state/zip: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

\_\_\_\_\_

City/state/zip: \_\_\_\_\_

MBA member #: \_\_\_\_\_ Date admitted to Mass. bar: \_\_\_\_\_

If you are admitted to practice in any other state, and want to receive referrals, please list the state and date admitted (see page 32 of the LRS Handbook under “State Codes”):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
State ▲ Date ▲ State ▲ Date ▲ State ▲ Date ▲

**Please indicate your communication preferences:**

How should the LRS contact you? (choose one): ☐ Email ☐ Phone ☐ U.S. Mail

Do you want to receive broadcast emails from the LRS? ☐ Yes ☐ No

Do you want your email address given to the user at the time of a referral? ☐ Yes ☐ No

Will you be updating your cases online? ☐ Yes ☐ No

## ATTORNEY CASE ASSIGNMENT CRITERIA

Refer to the “Defining Your LRS Listing” section on page 19 of this handbook and select up to 36 areas of practice codes for your LRS record. You may also place up to four codes in each of the following: jurisdiction, language and other states where you are licensed to practice.

### PRACTICE CODES (See pages 20–31 of the LRS Handbook)

1. _____	7. _____	13. _____	19. _____	25. _____	31. _____
2. _____	8. _____	14. _____	20. _____	26. _____	32. _____
3. _____	9. _____	15. _____	21. _____	27. _____	33. _____
4. _____	10. _____	16. _____	22. _____	28. _____	34. _____
5. _____	11. _____	17. _____	23. _____	29. _____	35. _____
6. _____	12. _____	18. _____	24. _____	30. _____	36. _____

### LANGUAGE CODES (See page 32 of the LRS Handbook)

\_\_\_\_\_

### COURT/AGENCY CODES (See page 33 of the LRS Handbook)

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## REFERRAL PREFERENCES

### Check if you wish to receive:

- ☐ Reduced-fee referrals in addition to your regular-fee referrals
- ☐ Small Claim Referrals (see page 19)
- ☐ Limited Assistance Representation referrals in family law matters only (verify certification on page iv)
- ☐ Calls transferred directly to your office at the time of referral. Tel.: \_\_\_\_\_
- ☐ Information on volunteer opportunities: ☐ Dial-A-Lawyer ☐ Community Service programs

**All referrals will be emailed to you directly at the time the referral is made.** Indicate how you would like to receive your Monthly Case Updates (choose one): ☐ Email ☐ U.S. Mail

## DUES PAYMENT. CHECK ONE BOX.

- ☐ I wish to join the LRS. I have been admitted to the bar for five years or less and I am enclosing my nonrefundable dues payment of \$100.
- ☐ I wish to join the LRS. I have been admitted to the bar for five years or more and I am enclosing my nonrefundable dues payment of \$150.

### Make check payable to: Massachusetts Bar Association/LRS.

### Credit card payment:

<input type="checkbox"/> MC	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> VISA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> AMEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature: \_\_\_\_\_ Exp: \_\_\_\_\_

## ACCEPTANCE OF LRS RULES

1. **LRS Rules:** I hereby acknowledge review of the LRS Statement of Standards and Rules. I agree to comply with the rules and affirm that the foregoing statements and information on file with the LRS are true and complete.  
☐ Check here to indicate you have reviewed Rule 8.6.
2. **Competence:** I hereby certify that in accordance with Section X of the LRS Statement of Standards and Rules, I am competent and either experienced or trained in the practice codes selected for referrals. I also acknowledge that I am aware of the MBA's Mentor Program for conferences with more experienced lawyers as needed.
3. **Insurance:** I acknowledge that I am required to carry and therefore do carry, minimum professional liability coverage of \$250,000/\$500,000 specific to my areas of practice. A Certificate of Insurance naming the MBA LRS as the certificate holder (see request form on page 46) must be submitted prior to the certificate's expiration date. I agree to notify the LRS immediately if this policy is terminated or coverage is reduced during the period of LRS participation. I further agree to carry the required professional liability coverage if and when I am no longer an LRS panel member, but still have active cases that were referred during my participation with the LRS program.  
☐ Check here if you do not wish to have information regarding your insurance shared with the MBA Insurance Agency Inc.
4. **Disciplinary Action:** I affirm that I am a member in good standing of the bar, that I am not currently the subject of any public or private disciplinary proceedings by the Board of Bar Overseers or any other disciplinary authority in this or any other jurisdiction, and that I have complied with the registration requirements of the BBO. (If there have been any such disciplinary proceedings commenced against you by the Board of Bar Overseers or any other jurisdiction within the past five years, check box, briefly explain in a separate letter and include a summary of the proceedings.) I agree that I will promptly notify the LRS in the event any such proceedings are commenced against me. ☐
5. **Fee:** I am aware that the fee charged for the initial, half-hour consultation may not be more than \$25. During the first half-hour, I should inform the user (if possible) of the extent of the lawyer fees likely to be involved in the case (including the hourly rate, retainer fee and number of hours to conclude the case.) Written fee agreements are strongly recommended. (See Rule 4.1(e) regarding resolution of fee disputes.)
6. **Dues:** I have remitted my annual nonrefundable LRS dues. (The dues are assessed at \$150 if admitted over five years or \$100 if five years or under.) I am aware that renewal dues are assessed at the beginning of each fiscal year (April 1–March 31) and are not prorated.
7. **Referral Fee:** I acknowledge an obligation to contribute as a referral fee to the LRS a percentage of the full collected net fee as listed on page 34 of the LRS Handbook (i.e., after deduction of unreimbursed expenses and disbursements). There is no referral fee remittance required when the referral is on a reduced-fee basis ("reduced-fee" is defined in LRS Rule 12.3 as \$75 per hour or less).
8. **Reporting:** I acknowledge that I must timely report on all referred matters. Referral fees may be returned as the fee is collected but no later than the return of the final notice.
9. **Remittance:** Referral fees for each matter referred to me are due and payable to the LRS in every case no later than:
  - (i) 30 days after each collection of a fee or portion of a fee that is subject to the referral fee obligation, or
  - (ii) concurrently with the return of the final report for such matter, or whichever is earlier.

10. **Timely Reporting and Payment:**

- My failure to timely report or to timely remit referral fees will subject me to suspension from further referrals, and reactivation following any such suspension will require payment of a \$50 reactivation fee;
- Delinquent referral fees due and owing by me to the LRS shall bear interest at the rate set by G.L. c. 231 § 6C; and
- The LRS may, in its sole discretion, bring a collections action against me for the recovery of past due referral fees plus an administrative fee equal to 10 percent of the total past due referral fees, all reasonable legal fees, court costs and other expenses incurred by the LRS in bringing the action and, in compliance with Rule 8.3 of the Massachusetts Rule of Professional Conduct, notify the Board of Bar Overseers of my failure to meet my remittance obligations to the LRS.

11. **Indemnification:** I hereby waive any and all claims against the Massachusetts Bar Association (MBA), the MBA Lawyer Referral Service Committee and all subcommittees, MBA officers, MBA members and MBA employees for any loss or liability arising out of a referral to me and/or my handling of a referral. I also agree to indemnify the MBA from any and all claims, losses and liability, including attorney's fees arising from my negligence in handling any referral made by or through the MBA Lawyer Referral Service.

**WAIVERS**

- ☐ **Limited Assistance Representation Referrals:** My signature on this application confirms I have been certified to accept Limited Assistance Representation (LAR) referrals for Family Law matters.
- ☐ **LRS Application — Veteran Matters:** In order to receive referrals for (ADVB) Administrative – Veteran Benefits, you must be accredited as an attorney through the U.S. Department of Veterans Affairs. My signature on this application confirms I have complied with the accreditation processes/procedures and have received my accreditation.
- ☐ **LRS Application — Mediators:** In order to receive referrals for (DRCM, DRFM, DRLM and DRGM) Mediations, you must meet the definition of a mediator as provided in M.G.L. c.233, s.23C. My signature on this application confirms that I meet the definition of a mediator as provided in M.G.L. c. 233, s. 23C.
- ☐ **Board of Bar Overseers:** I hereby authorize the Board of Bar Overseers to release any and all information to the LRS regarding any disciplinary proceedings that have been commenced against me by the Board of Bar Overseers within the past five years. This does not include complaints that have not resulted in the commencement of disciplinary proceedings. I understand that applicants who have been disciplined within the past five years and not reviewed by the LRS Committee will not be accepted until after a satisfactory review by the committee. Current panelists who are disciplined will be suspended until after a favorable review by the LRS Committee.
- ☐ I have read and will comply with the above rules. Subscribed and sworn under the penalties of law.

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**Read and signed ▲**

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**Date ▲**

**BBO# ▲**

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**Print name ▲**