

Family Law 2011 - 2012

Subject Matter Application

(Revised 5/31/2011)

Name: (please print) _____

Are you Board Certified in Family Law? ___ yes ___ no (If yes, please indicate below the panels for which you wish to receive referrals. You are not required to provide proof of prior experience.)

If you are not Board Certified, please complete the application, including case information.

SPECIALITY AREAS OF FAMILY LAW

COLLABORATIVE LAW

In order to receive referrals in Collaborative Law, you must have taken an approved training, handled one collaborative case within the past three years, and taken five (5) hours of collaborative law related CLE within the last three years. Please submit proof of training and CLE.

Title: _____ Date: _____

Sponsored by: _____

___ I have met the above requirements and I am qualified to receive referrals in Collaborative Law.

FAMILY LAW MEDIATION

In order to receive Family Law Mediation referrals, you must have completed forty (40) classroom hours of mediation training pursuant to Ch. 154.052(a), Texas Practice and Remedies Code, and conducted one formal family law mediation within the past year.

Title: _____ Date: _____

Sponsored by: _____

___ I have met the above requirement and I am qualified to receive referrals in family law mediation.

LIMITED SCOPE REPRESENTATION

Limited Scope Legal Representation is intended for self-represented litigants who may not need to hire an attorney for full representation, but who need specific advice, services, document review, etc.

The attorney/client mutually agrees to handle a specific and limited service or services, tailored to the needs and concerns of the client, using a detailed contract. The attorney/client understands that this type of practice is a joint effort on the part of the attorney and client, and that the attorney has a specified end to what he or she will perform. This is not a substitute for traditional legal services. It is an alternative form of representation for the pro se litigant.

In order to participate in this panel, you must attest to the following:

I have received and reviewed the Limited Scope Panel Handbook that includes risk management and best practice materials.

I will follow the practices outlined in the Handbook and in other materials when assisting clients referred by the Lawyer Referral Service.

I will utilize written retainer agreements and retain written records documenting the scope of limited services for each client, including changes in scope when assisting clients referred by the Lawyer Referral Service.

I will use the Notice of Limited Scope and Notice of Withdrawal form, when and if approved by the Travis County judiciary and by local rule, when assisting client referred by the Lawyer Referral Service.

This is not a service designed to meet the interests of only low-income clients. You may charge your regular fees as determined at the time of the initial interview and screening. Consultation fee and percentage fee rules will apply.

Types of Limited Scope services I offer:

Coaching

Document review

Document preparation/ghostwriting

Court appearances

Negotiations / Mediation

Legal research

Responding to discovery

Domestic violence

Other: _____

Qualifications:

I have been in practice at least three (3) years and I have three (3) hours of Limited Scope legal representation training.

Webcast: PLI -Expanding Your Practice Using Limited Scope Representation

Web Link: http://www.pli.edu/product/clenow_detail.asp?id=54234

Webcast Presenter: Sue Talia, lawyer and author of A Client's Guide to Limited Legal Services.

Title: _____ Date: _____

Sponsored by: _____

Panel (indicate full fee and/or Match Program)	Requirements
<input type="checkbox"/> Divorce with children <input type="checkbox"/> Interstate/foreign custody / UCCJEA <input type="checkbox"/> Child protective services issues <input type="checkbox"/> Modification <input type="checkbox"/> Protective orders <input type="checkbox"/> Paternity <input type="checkbox"/> Divorce involving bankruptcy <input type="checkbox"/> Military divorce <input type="checkbox"/> Adoption with termination <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender	<input type="checkbox"/> Match <input type="checkbox"/> Match <input type="checkbox"/> Match <input type="checkbox"/> Match <input type="checkbox"/> Match <input type="checkbox"/> Match <input type="checkbox"/> Match <input type="checkbox"/> Match <input type="checkbox"/> Match
	<p>Must have handled four (4) contested cases as lead attorney within the last three (3) years and have handled two (2) contested hearings</p> <p>Please provide list.</p> <p><input type="checkbox"/> I certify that 25% of my practice is in family law and I have disclosed this percentage on my application for malpractice insurance. I certify that I have five (5) hours CLE in family law in the past year.</p>

For panels below, you are not required to prove prior experience.

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Name changes | <input type="checkbox"/> Match |
| <input type="checkbox"/> Uncontested divorce | <input type="checkbox"/> Match |
| <input type="checkbox"/> Enforcement | <input type="checkbox"/> Match |
| <input type="checkbox"/> Adoption without termination | <input type="checkbox"/> Match |
| <input type="checkbox"/> Paternity / uncontested / establish of child support | <input type="checkbox"/> Match |
| <input type="checkbox"/> Emancipation | <input type="checkbox"/> Match |

I certify that I practice and am qualified to accept family law cases. I meet the membership requirements for receiving referrals from LRS in this area, and will maintain compliance with the requirements as long as I accept these referrals.

Date _____ Signature _____