

**INSTRUCTIONS FOR COMPLETING AND FILING THE LAWYER REFERRAL
AND INFORMATION SERVICES ANNUAL REPORT FORM**

1. Please **type or print** all information included on the form.
2. Please answer all questions completely. If the space provided on the form is not sufficient to respond to a particular question, please attach a separate page with your response and note the attachment on the form.
3. If you have Internet access, the form can be downloaded from the Supreme Court of Ohio's Web page. The address of the Supreme Court's Web page is www.supremecourt.ohio.gov/AttySvc/LawyerReferral/.
4. If you have questions regarding completion of the Annual Report Form, please contact Attorney Services at the address or telephone number noted below.

Each Lawyer Referral and Information Service is required to complete an Annual Report Form for the preceding calendar year. Completed Annual Report Forms must be received by the Supreme Court of Ohio Office of Attorney Services no later than **the first day of March**. Please return the completed Annual Report Form **by mail** (no fax transmissions, please) to the following address:

Gina White Palmer, Director
Office of Attorney Services
Supreme Court of Ohio
65 South Front Street, 5th Floor
Columbus, Ohio 43215-3431
(614) 387-9327

SUPREME COURT OF OHIO

LAWYER REFERRAL AND INFORMATION SERVICES [Gov. Bar R. XVI]

Annual Report for Calendar Year

1. General Information

a. Name of Lawyer Referral Service:

Address:

Telephone:

Fax:

E-Mail:

b. Name of Sponsoring Organization:

Address:

Telephone:

Fax:

E-Mail:

c. Name of Operator/Owner:

Address:

Telephone:

Fax:

E-Mail:

Check all that apply:

Not-for-profit
Program

For profit

Bar Association

Legal Services

Corporation

Partnership

Sole Proprietorship

Other

d. Geographical Area Served:

e. Does your service carry "errors and omissions" insurance coverage? Yes No

If yes, name the provider:

What are the policy limits?

What is the deductible?

f. Is this the first year your referral service has filed a report? Yes No

2. Staff Information

a. Name of Director:

Full-time Part-time Other

b. Number of support staff:

c. Please provide support staff job titles and whether full or part-time.

Job Title: Full-time Part-time

Job Title: Full-time Part-time

Job Title: Full-time Part-time

Job Title: Full-time Part-time

Job Title: Full-time Part-time

3. Definition of a Lawyer Referral Service (Gov. Bar R. XVI)

Describe the manner in which your referral service satisfies the requirements of Gov. Bar R. XVI.
Please attach any relevant brochures, or other materials.

4. Client Satisfaction

Describe any surveys, evaluations, or other procedures used to measure client satisfaction with your referral service. (Attach any applicable materials).

5. Panel Attorneys

- a. Is participation in your referral service open to all Ohio licensed attorneys who maintain an office in the geographical area served by the service? Yes No

If no, describe or provide the criteria used to determine eligibility.

- b. Does your referral service require each panel attorney to provide proof of malpractice insurance and any changes in or cancellation of malpractice insurance coverage in the form of a copy of the current policy declaration page? Yes No

If no, what is the manner in which coverage is verified?

What is the minimum coverage required ?

- c. Does your referral service require panel attorneys to sign a written contract with the service before they are eligible to participate? Yes No

If yes, please attach a blank copy of the current contract used.

- d. Describe or attach procedures established by your referral service to admit, reject, or suspend an attorney from panel membership.

- e. How does your referral service address fee disputes between panel attorneys and clients?

6. Subject-Matter Panels.

Has your referral service established subject-matter panels? Yes No

If yes, please attach a list of subject-matter panels and objective criteria used to determine eligibility on each panel.

7. Fee Structure.

- a. Is there an attorney membership fee? Yes No

If yes, what is the amount of the fee? \$
This fee is One-time fee. Annual fee.

- b. What is the referral or consultation fee charged to the client? \$

- c. What is the percentage of the fee returned to the service? % of fee in excess of
\$.

d. What is the subject-matter panel fee? \$

e. Are any other fees charged? Yes No

If yes, please list the amount of and explain each fee.

8. Statistical Information.

a. Total number of attorneys participating in your referral service .

b. Total number of client contacts (telephone, walk-in, and other) in the preceding calendar year .

c. Total number of client referrals to panel members in the preceding calendar year .

9. Advertising.

a. How does your referral service advertise its availability? Check all that apply.

Television Radio Public Service Announcements Internet

Brochures Yellow Pages Direct Mail

Other

b. Does your referral service have a Web site? Yes No

If yes, does your referral service take referrals via the Internet? Yes No

Number of referrals received via the Internet in the preceding year .

10. Please provide the names and addresses of any other Ohio lawyer referral service(s) operating in your geographical area if you are aware of any other that exist.

11. Please attach to your report form a list containing the names, addresses, telephone numbers, and Ohio Supreme Court attorney registration number of all attorneys currently participating in your service.

12. This form was prepared by:

Signature _____ Date

Name:

Telephone:

Address:

Fax:

E-Mail: