



THE WEST SUBURBAN BAR ASSOCIATION
IN COURT LAWYER REFERRAL PROGRAM RENEWAL
2016 Year

Name _____

Business Address _____

Business phone _____ Cell phone _____

Fax _____ ARDC No. _____

E-MAIL (only if checked regularly) _____

Do you wish to be contacted to fill emergency vacancies? _____

If so, what is best emergency contact phone number? _____

I (check one) _____ have / _____ have not been the subject of any complaint(s) with the Attorney Registration and Disciplinary Commission. If any, explain on a separate sheet of paper.

I (check one) _____ have / _____ have not been investigated by Federal or State Authorities in connection with any activity involving my conduct as an attorney. If so, please explain on a separate sheet of paper.

By my signature below, I show that I understand that this Application is subject to approval by the West Suburban Bar Association and that my participation in the In Court Attorney Referral Program is a privilege and not a matter of right. I further understand that this privilege may be suspended or revoked at any time. I understand that my In-Court dues entitle me to three (3) In Court Bar days. The WSBA makes no guarantees that participants will receive any business through this program. The WSBA provides no substitute days if you cancel or have zero days.

I hereby agree to abide by the Regulations and Rules of the In Court Attorney Referral Program as well as the Code of Professional Conduct of the Illinois Supreme Court and the Rules of the Circuit Court of Cook County.

I attest that I have read each of the answers given in this application and they are true and correct to the best of my knowledge and belief. I attest that I will have and maintain legal malpractice insurance in effect during my assigned dates as a licensed attorney in good standing in the State of Illinois.



Any misinformation or misrepresentation in this application shall be grounds for removal from the program. I hereby authorize the Illinois Supreme Court Attorney Registration and Disciplinary Commission or any other state or federal investigative body to furnish the WSBA with information concerning inquiries or complaints regarding me. I further authorize the WSBA to verify my professional liability insurance coverage.

In consideration for accepting referrals from the In Court Attorney Referral Program, I hereby agree to indemnify and hold harmless the WSBA, its personal representatives, officers, governors, and members, from any claim whatsoever made against said WSBA, its personal representatives, officers, governors, and members, as a result of my representation of any person referred from the In Court Attorney Referral Program.

I affirm that I have read and understand the Rules & Regulations of the WSBA In Court Program which are attached to this application.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND THIS _____ day of _____, 2016.

Applicant Printed Name

Applicant Signature

*** PLEASE return this completed form with

(a) YOUR CHECK for \$300 for the 2016 year,

(b) a COPY OF your 2016 ARDC card, and

(c) a COPY of the DECLARATION PAGE from your PROFESSIONAL LIABILITY INSURANCE.

Your application will not be considered complete until all such documentation is received.

You may also pay on WSBA website / paypal and fax your paperwork to (708) 603-2101

Mail to:

WSBA

10560 West Cermak Road

Westchester, Illinois 60154