

Name of New Lawyer: _____ Bar Number: _____

Firm Name: _____

Date of Hire: _____ Date Admitted: _____

Status: Of Counsel Associate/Employee Partner / Owner / Member Independent Contractor

Do you practice part time? Yes No If yes, average # of hours per week: _____

Please answer the following:

1. Has the applicant ever provided legal services involving publicly traded securities or securities that are not exempt from registration? Yes No
If yes, please explain on a separate sheet of paper.
2. Has the applicant ever been involved in class action or mass tort litigation? Yes No
If yes, please explain on a separate sheet of paper.
3. Has the applicant provided services to, or sat on the board of, a financial institution? Yes No
If yes, please complete a financial institution supplement.
4. Has the applicant ever provided patent, trademark or other intellectual property services? Yes No
If yes, please complete the intellectual property supplement.
5. Is the applicant an officer, director, shareholder, member, employee, or exercise fiduciary control over an entity other than the firm named above? Yes No
If yes, please complete an outside interest supplement.
6. In the past ten years, have any claims or suits been made against you or are you aware of any incidents, facts, circumstances, acts or omissions that could result in a claim? Yes No
If yes, a complete Claim Supplement form must be provided for each claim, suit or incident.
7. Have you ever been the subject of any reprimand or disciplinary action or refused admission to bar, any bar association, court or administrative agency? Yes No
If yes, give a detailed explanation on a separate sheet and attach to this Attached
8. Have you been continuously insured for professional liability? Yes No
If yes, provide a copy of your current policy declarations including retroactive date as evidence of continuous coverage. Attached
9. Please describe your top three areas of practice for this firm:

Area of Practice	% of Billable Hours

10. Provide your employment history for the past five years, or attach a copy of your CV or resume. Attached

Name of Employer	Date Started	Date Ended	Job Description

I declare that the information above is true to the best of my knowledge.

No. of Claim Supplements I have submitted with this form: _____ .

New Lawyer Signature Date