



# VETERANS'

## Legal Aid Society

<https://veteranslegalaid.org/>

### 2023 ATTORNEY REFERRAL LIST APPLICATION

**DONATION: \$150.00 for primary area of practice**

(Please fill out the following form as you would like it listed on the referral sheet.)

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

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

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Area(s) of practice** (please select one. Note there is an additional donation fee of \$50.00 for each additional category):

- Social Security Benefits       Criminal Defense & Traffic       Family Law (Divorce & Custody)  
 Veterans' Benefits & Appeals       Personal Injury / Nursing Home Abuse       Elder Law       Real Estate

I (check one) \_\_\_\_\_ **have** / \_\_\_\_\_ **have not** had any disciplinary charges filed against me by 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 Veterans' Legal Aid Society and that my participation in the attorney referral list is a privilege and not a matter of right. I further understand that this privilege may be suspended or revoked at any time.

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.

(OVER)

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 VLAS with information concerning inquiries or complaints regarding me. I further authorize the VLAS to verify my professional liability insurance coverage.

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

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND \_\_\_\_\_ day of \_\_\_\_\_,  
THIS 2022.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

**Mail to:**

Veterans' Legal Aid Society  
1018 W. Madison, Ste. 9  
Chicago, IL 60607

**Email to:**

[admin@veteranslegalaid.org](mailto:admin@veteranslegalaid.org)