

# STATE BAR OF MICHIGAN

## LAWYER REFERRAL SERVICE REGISTRATION FORM

Pursuant to the [Michigan Rules of Professional Conduct](#) (MRPC), every lawyer referral service operating in the State of Michigan must maintain registration as a qualified service with the State Bar of Michigan, under such rules as may be adopted by the State Bar.

In accordance with MRPC 6.3, please complete this Registration Form and send it via e-mail or regular mail to the State Bar of Michigan using the contact information listed below:

State Bar of Michigan  
**Attention: Ms. Janna Sheppard**  
Administrative Assistant  
306 Townsend Street  
Lansing, MI 48933  
[register@michbar.org](mailto:register@michbar.org)

To complete this form: 1. Download the PDF to your computer or network drive; 2. Open the downloaded PDF (the copy on your computer, not the PDF in the browser); and 3. Complete the form, save, and send to SBM via email or regular mail using the contact info. above.

1. Name of the Lawyer Referral Service: \_\_\_\_\_  
\_\_\_\_\_

2. Name of the organization responsible for operating the service:

3. Is your service a pro bono legal assistance program that does not accept fees from lawyers or clients for referrals?

Yes       No

If the answer to question number 3 is “yes”, your service is not required to register with the State Bar of Michigan.

4. Please describe your lawyer referral service by selecting one of the following:

- Operated in the public interest for the purpose of referring prospective clients to lawyers
- Pro bono or public service legal program that accepts fees from lawyers or clients for referrals
- Government or consumer agency
- Other (please specify) \_\_\_\_\_

5. Please answer the following questions:

A. Is your service open to all lawyers licensed and eligible to practice in this state who:

i. maintain an office within the geographical area served;

Yes  No

ii. meet reasonable and objective requirements of experience, as established by the service

Yes  No

iii. pay reasonable registration and membership fees not to exceed an amount established by the State Bar to encourage widespread lawyer participation; **and,**

Yes  No

iv. maintain a policy of errors and omissions insurance or provide proof of financial responsibility?

Yes  No

(a) If yes, what is the minimum amount of insurance coverage participating lawyers are required to maintain? (please state the amount)

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(b) What proof of financial responsibility do you require? (please specify)

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B. Does your service ensure that the combined fees and expenses charged a prospective client do not exceed the total charges the client would have incurred had no referral service been involved?

Yes  No

C. Please confirm that you answered "yes" to questions 5.A. through 5.B. above.

Yes  No

D. If you did not answer "yes" to questions 5.A. through 5.B. above, please explain your answers.

E. Does your service make any fee-generating referrals to any lawyers who have a direct ownership interest in, or who are associated with a law firm that has an ownership interest in, or operates or is employed by, your service?

Yes       No

**6. Please attach a copy of the rules, policies, and/or procedures that govern your lawyer referral service.**

7. I, \_\_\_\_\_, certify that the information provided on this Lawyer Referral Service Annual Registration Form is true and accurate.

Signature of person completing this form:

\_\_\_\_\_

Please type or print the name and title of the person completing this form:

\_\_\_\_\_

Name of your employer: \_\_\_\_\_

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

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_