



PARTICIPATING ATTORNEY AGREEMENT

I have reviewed the Participating Attorney Handbook and agree that I will participate in the program in accordance with the terms of said Handbook and as it may be amended from time to time.

(Please complete page 1 and 2 of this agreement and the IRS W-9 form and return to LSSM)

I wish to participate in the following panel (select either or both):

Judicare Panel – I am willing to accept Judicare (paid) Cases.

VLP Panel – I am willing to accept *Pro Bono* Cases.

\_\_\_\_\_  
Signature (Attorney)

\_\_\_\_\_  
Signature (Legal Services of Southern Missouri)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**GENERAL INFORMATION**

(Please Type or Print Clearly)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last: \_\_\_\_\_ Ext: \_\_\_\_\_

Bar Number: \_\_\_\_\_ Year Licensed: \_\_\_\_\_

Law School: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

(Choose your initial password if you are plan to sign-up on the LSSM participating panel website. Go to [www.lsosm.org](http://www.lsosm.org) for details.

(Continued on page 2)

## CASE PREFERENCES:

Types of cases you would be willing to consider accepting. Place an "X" in the space.

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| <p>1. Family Law</p> <p><input type="checkbox"/> All Family Law referrals</p> <p><input type="checkbox"/> Dissolution of marriage, abuse of client/children involved</p> <p><input type="checkbox"/> Modification of custody/visitation</p> <p><input type="checkbox"/> Adult Abuse</p> <p><input type="checkbox"/> Incompetency, representing petitioner</p> <p><input type="checkbox"/> Incompetency, guardian ad litem for alleged incompetent</p> <p>2. Income Maintenance and Health</p> <p><input type="checkbox"/> All Income Maintenance referrals</p> <p><input type="checkbox"/> All Health Care referrals</p> <p><input type="checkbox"/> SSI</p> <p><input type="checkbox"/> Social Security survivor's benefits</p> <p><input type="checkbox"/> Social Security overpayments</p> <p><input type="checkbox"/> TANF denials and terminations</p> <p><input type="checkbox"/> TANF overpayments</p> <p><input type="checkbox"/> Food stamps</p> <p><input type="checkbox"/> General Relief</p> <p><input type="checkbox"/> Unemployment compensation</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Medicaid</p> | <p>3. Consumer/Finance</p> <p><input type="checkbox"/> All Consumer/Finance referrals</p> <p><input type="checkbox"/> Bankruptcy</p> <p><input type="checkbox"/> Debtor Relief</p> <p><input type="checkbox"/> Defendant note/account collection suits</p> <p><input type="checkbox"/> Fair Debt Collection Practices Act</p> <p><input type="checkbox"/> Truth-in-Lending</p> <p><input type="checkbox"/> Unfair Sales Practices</p> <p>4. Housing</p> <p><input type="checkbox"/> All Housing referrals</p> <p><input type="checkbox"/> Landlord/Tenant</p> <p><input type="checkbox"/> Public housing rights</p> <p><input type="checkbox"/> Home ownership/real estate</p> <p>5. Individual Rights</p> <p><input type="checkbox"/> All Individual Rights referrals</p> <p><input type="checkbox"/> Mental patients/Incompetent Rights</p> <p><input type="checkbox"/> Rights of physically disabled/handicapped</p> <p>6. Wills</p> <p><input type="checkbox"/> Simple Wills</p> <p><input type="checkbox"/> TOD, POD, Durable Powers</p> |
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## GEOGRAPHIC AREAS OF PRACTICE

Place an "X" in the counties where you would make court appearances for LSSM.

Barry	Laclede	St. Francois
Bollinger	Lawrence	Ste. Genevieve
Butler	Madison	Stoddard
Cape Girardeau	Maries	Stone
Carter	Mississippi	Taney
Cedar	New Madrid	Texas
Christian	Oregon	Wayne
Crawford	Ozark	Webster
Dade	Pemiscot	Wright
Dallas	Perry	
Dent	Phelps	
Douglas	Polk	
Dunklin	Pulaski	
Gasconade	Reynolds	
Greene	Ripley	
Howell	Scott	
Iron	Shannon	

Revised January 14, 2014