

## TRIAL LAWYERS CARE, INC. ATTORNEY VOLUNTEER APPLICATION

**Please return to:**  
 Trial Lawyers Care  
 80 Centre Street, Suite 290  
 New York, NY 10013  
 Fax: 917-464-0160

Trial Lawyers Care, Inc. (TLC) has undertaken to provide quality legal representation to the victims of the September 11, 2001 terrorists' attacks and their families. TLC seeks to have such representation provided without fee to those who were harmed. To the extent possible, TLC also seeks to have the lawyers be in a location close to the clients. As part of TLC's efforts we will accept only lawyers who, at a minimum can agree to the representations below.

As a volunteer lawyer, I agree:

1. That I meet all of the following criteria:
  - A. I have been licensed to practice law for at least 5 years, or, I will be supervised by a lawyer who has been licensed to practice law for at least 5 years;
  - B. I have tried or settled any combination of at least 15 personal injury, death or other significant cases, or I will be supervised by a lawyer who has tried or settled any combination of at least 15 personal injury, death or other significant cases;
  - C. I am a member in good standing with the lawyer licensing authority in my state of practice; and
  - D. I am covered by a professional liability insurance policy.
2. That:
  - A. I shall investigate, and advise any client referred to me by TLC about, whether it is appropriate for the client to file a claim with the "September 11<sup>th</sup> Victim Compensation Fund of 2001" and, if so, shall represent that client with respect to the preparation, filing and presentation of a claim to the Fund.
  - B. Neither I, nor my law firm will solicit or accept any lawyers fee (including any referral fee) from the client (or any other clients) on any personal injury or wrongful death case (against any person or any entity causing such personal injury or wrongful death or insurance companies insuring against injury or death) which injury or death was suffered during, or in the immediate aftermath of, the terrorist attacks of September 11, 2001, nor will we accept any fee for any other legal services provided to a client referred by TLC;
  - C. I am bound by the rules of professional conduct of the state in which I practice;
  - D. Neither I nor my law firm will withdraw from representation of any client TLC refers to me without giving notice to the client, without delivering necessary papers to the client, and without allowing the client time to employ another lawyer;
  - E. If I, or the client TLC refers to me, conclude that filing a claim with the Victim Compensation Fund is not appropriate for the client, and that litigation is to be pursued, I shall give a minimum of two references to the client for other lawyers to represent the client (unless state law requires otherwise) and I will reconfirm that I have agreed not to accept any referral fee from any other lawyer representing the client.

I recognize:

- A. That any client referred to me by TLC has the right to ask for, and receive answers to, any questions about any aspect of the client's case;
- B. That, if there is any settlement process within the Victim Compensation Fund Program, that the client has a right to be advised promptly of any settlement offers made and the right to make the final decision regarding whether to accept settlement offers; and
- C. That any client referred to me by TLC has a right of approval (at the end of the matter) of a written settlement statement listing all of the financial details of the entire case, including the amount recovered and all the costs/expenses.

By the execution of this application, the undersigned attorney represents that s(he) meets (or will follow) all of the above criteria, agrees to the above obligations, and recognizes the above rights, and (except as set forth above) will not accept, for a fee, any cases arising out of the terrorist activities of September 11, 2001. In addition, the undersigned attorney agrees to be bound by all of the terms and conditions of the attached fee agreement with the clients, and states that the "Frequently Asked Questions" attached hereto have been reviewed.

- A. Name \_\_\_\_\_
- B. Firm Name \_\_\_\_\_ # of Atty's in firm \_\_\_\_\_
- C. Quickest access to me (Please rank in order of speed -1 being quickest)

Access	# or address	Rank
Email		
Phone		
Fax		
Address		

- D. 1. State \_\_\_\_\_  
 2. Country \_\_\_\_\_  
 3. Borough (when applicable) \_\_\_\_\_  
 4. City/town/township \_\_\_\_\_
- E. All other law firm office locations \_\_\_\_\_
- F. Home location: State, Country, Borough, City/Town/Township \_\_\_\_\_
- G. I am prepared to accept up to \_\_\_\_\_ clients in the New York area
- H. (If applicable) I have already agreed to represent the following client(s) in filing claims against the Fund (please provide name, address, and telephone number for each client and use an additional page if necessary):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For each of the above, I agree to provide client information via the Client Intake Form. (Note: This form is available through the TLC toll free number: 1-888-780-8637).

In addition to the clients I am representing above, I also volunteer to be assigned clients by TLC.  Yes  No

- I. Languages in which I am, or members of my office are, conversant \_\_\_\_\_
- J. (If applicable) I have specialized expertise in the following area(s):  
 Personal injury  Premises liability  
 Wrongful death  Toxic torts  
 Aviation  Other: \_\_\_\_\_  
 Construction
- K. Other information that might assist Trial Lawyers Care, Inc. in matching me with an appropriate client:  
 \_\_\_\_\_  
 \_\_\_\_\_
- L. I have been licensed to practice law for at least 5 years, and I have tried or settled a combination of at least 15 personal injury, death or other significant cases.  Yes  No
- M. How many years have you been in practice? \_\_\_\_\_
- N. How many PI cases have you tried or settled? \_\_\_\_\_
- O. How many wrongful death cases have you tried or settled? \_\_\_\_\_
- P. How many PI cases have you tried or settled which have had awards in excess of \$1 million? \_\_\_\_\_

**Volunteer Attorney**

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Volunteer Attorney

**To Be Completed If Being Supervised.** Because I do not meet both of the above requirements, I will be supervised by the following attorney who meets both of the requirements:

Supervising Attorney Name \_\_\_\_\_  
 Attorney Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

**To Be Completed By The Supervising Attorney:**

I meet (or will follow) all of the above criteria (including being in the practice of law for at least five years and having tried or settled 15 cases), I agree to the above obligations, and I recognize the above rights. In addition, neither I nor any member of my law firm will accept, for a fee, any cases arising out of the terrorist activities of September 11, 2001.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

- Attachments  
 Agreement to Provide Legal Services  
 Frequently Asked Questions