

APPLICATION FOR MEMBERSHIP IN NELARS

I. General Information

Name: _____

Firm Name: _____

Address: _____

Telephone: _____

Fax Number: _____

Date of Admission into NY State Bar: _____

Other bar/court admissions _____

Have you ever had a disciplinary claim filed against you? _____

If so, please describe the circumstances giving rise to the claim.

II. Employment History (Please list in reverse chronological order)

Dates; Employer/Address; Position

List any seminars, conferences or workshops in employment law that you have attended in the last three years:

III. Minimum Requirements

Have you been engaged in the general practice of employment law for at least three years? _____

If so, please generally describe the nature of your practice, giving applicable dates:

If not, please indicate the extent of your employment law experience within the past three years, giving applicable dates, and describe other applicable experiences or circumstances in the field of employment law which you would like to consider relative to the requirement of three years involvement in the field of employment law:

Have you handled at least five cases or matters in the field of employment law within the past three years?

("Handle" means to provide active legal representation, not merely consultation). _____

If so, please indicate the approximate number of cases and/or matters in the field of employment law that you have handled: _____

Please describe three of these matters, including the type of matter, the services rendered, your role, the dates, and the outcome. (Use additional sheets as necessary).

What percentage of your employment work is spent representing employees? _____

Are you currently maintaining and do you have in full force and effect (or is someone maintaining on your behalf) professional malpractice insurance in the minimum face amount of \$100,000 per occurrence? Yes _____ No _____

Please attach a copy of the Declaration Page of your policy indicating the amount of coverage and the name(s) of the insured.

Have you ever had any malpractice claim filed against you? Yes _____ No _____

If so, please describe the circumstances:

IV. Specific Types of Services Rendered

Please indicate the approximate number of times you have performed any of the following within the past three years (in the field of employment law only):

1. Prepared and filed an EEOC or SDHR charge _____
2. Served and filed a complaint in federal court _____
3. Served and filed a complaint in state court _____
4. Conducted a deposition _____
5. Defended a deposition _____
6. Conducted an initial interview and analyzed the strength of the employee's claim _____
7. Written and sent a demand letter _____
8. Drafted interrogatories _____
9. Answered interrogatories _____
10. Drafted requests for production of documents _____
11. Drafted responses to requests for production of documents _____
12. Written a brief in support of or in opposition to summary judgment or other dispositive motion _____
13. Prepared affidavits in support of or in opposition to a summary judgment or other dispositive motion _____
14. Conducted a trial _____
15. Written an appellate brief _____
16. Orally argued an appeal _____
17. Participated in a SDHR hearing _____
18. Participated in an EEOC conciliation conference _____
19. Participated in an arbitration proceeding _____
20. Negotiated a settlement agreement/exit package _____

V. Contingency Cases

Please tell us your policy on contingency cases:

_____ I will consider taking appropriate cases on a contingent or a partial contingent fee basis.

_____ I do not take cases on a contingent fee basis.

VI. Please tell us about your law office:

___ I am a solo practitioner

___ I work in a very small firm (fewer than five lawyers).

___ I work in a small firm (5-10 lawyers).

___ I work in a large firm (more than 10 lawyers).

___ I am a partner/owner.

___ I am an associate.

___ My office can assist Spanish-speaking clients.

___ My office can assist clients who speak other languages (please specify)

***Please attach a page of your stationery.**

VII. Miscellaneous

If there are any facts or circumstances that you would like us to know regarding NELARS and your participation as a panelist, please set them forth on additional paper. These may include special circumstances, criteria, or information that is not covered elsewhere in this application.

VIII. Panels

Please Mark the Panels In which You Would Like To Participate: (The \$150 amount may be sought upon payment of additional fees for the amounts indicated).

\$50.00 Panels

- Age Discrimination
- Race, Religion, and National Origin Discrimination
- Sex Discrimination and Sexual Harassment
- Disability Discrimination (includes AIDS and HIV)
- Breach of Contract Claims (oral, written, and handbook) and Exit Packages
- Employment Compensation (bonuses, commissions, and wages)

\$25.00 Panels

- Civil Service, Public Employees, and Article 78 proceedings
- Private Sector Labor Law (Union Democracy)
- Pensions
- Other ERISA Benefits (exclusive of pension)
- Restrictive Covenants (covenants not to compete, non-solicitation agreements, confidentiality agreements and duty of loyalty) and Employment Contracts (drafting, reviewing, and negotiating)
- Employment in Academia
- Professional Discipline and Licensure
- Securities Industry Arbitration
- Workers Compensation, Workers Compensation Discrimination
- Defamation and Other Torts

There is no fee for any of the following panels:

- Medical/Drugs/Privacy
- Whistleblowers
- Sexual Orientation

Total Panel Fees \$_____

Unemployment compensation cases will be referred to the Unemployment Action Center.

I acknowledge that, in connection with this application, I am required and prepared to meet with one or more designated representatives of NELARS for the purposes of review and evaluation of my qualifications and experience.

Payment can be made by check payable to “NELARS” or by credit card.

_____ I am enclosing a check payable to “NELARS” for my first year’s membership of \$150, plus any aggregate fees for panels.*

_____ Charge to my credit card:

Type _____ Number _____
Expiration Date _____

Vcode _____ Billing Zipcode _____

Please sign and return this form, together with your current insurance declaration page, and a page of your stationery, as well as your check to:

**Milly Thomas
NELARS
39 Broadway, Ste. 2420
New York, NY 10006**

Name _____ Date _____

***NELA/NY is committed to making its NELARS program accessible to attorneys working in a wide variety of practice settings, and may, upon request, consider need-based reductions in membership fees.**