



# ATTORNEY APPLICATION

To ensure appropriate consideration is given to your firm, please verify that all areas are filled out accurately and completely.

## GENERAL INFORMATION

Date Completed:

Completed by:

Firm legal name

Street address

City

State

Zip

County

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mailing Address (if different):

City

State

Zip

County

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Main telephone#

Borrower toll free#

Fax

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Firm website address

DUNS number

## OWNERSHIP

List all Owners, Partners, C-Level Officers and their % of ownership:

Name	Date of Ownership	% Owned	Title and Responsibilities	Legal Credentials

Total: 100%

Please enclose a copy of your Organizational Chart

Please list all Professional/Bar Association memberships:

## CONTACT INFORMATION

List all Owners, Partners, C-Level Officers and their % of ownership:

Contact	Name	Title	Phone number	Email	Tenure
Primary					
Alternate					
Legal/Compliance					
FC Manager					
BK Manager					
Accounting					
Documentation					
IT Admin					
General Ops					
Client Services/Marketing					

## OPERATIONS

Number of employees:

Attorneys	
Supervisors	
Coordinators	
Paralegals	
Clericals/Administrative Assistants	
Others	

Hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Others:

How many files are currently active in your office?		
What is the account to coordinator ratio?		
Can you provide the latest annual financial report for your firm if requested?	Yes	No
Are there state imposed requirements to have a license to operate?	Yes	No
If not, list any other licenses if any (i.e., general business license).		
If an account with a judgment qualifies for a close and return, will the attorney's provide a substitution of attorney to clear the way for a subsequent action?	Yes	No
Does the firm set goals and budgets for the staff?	Yes	No
How are they determined?		



Are all electronic data exchanges secured with 128-bit (or better) encryption? Yes No

Does the firm currently utilize legal software? Yes No

If yes, what is the name of the software?

Does the firm have an in house technical support capable of supporting clients interface requirements? Yes No

Please enclose disaster recovery plan for all areas of firm (IT, Accounting, Operations, etc.).

Please enclose a Network structure and security diagram.

Does the firm utilize a firewall to protect their network? Yes No

If yes, what is the name of the software?

Are the Network(s) and workstations protected by anti-virus software with current definitions? Yes No

If yes, what is the name of the software?

Does the firm maintain appropriate procedures and technology to detect suspicious network activity? Yes No

Does the firm implement appropriate password parameters for systems that access or transmit client confidential information to prevent unauthorized disclosure? Yes No

Does the firm have badge/electronic access to all entrances? Yes No

Are all entrances covered with video surveillance and/or physical security? Yes No

Does the firm have restricted access to internal data rooms/servers? Yes No

Does the firm have restricted access to phone closets? Yes No

Does the firm have restricted access to mailrooms and payment processing areas? Yes No

Does your firm have video surveillance and burglar alarms? Yes No

If yes, which areas are covered?

Does the firm have access control processes that will require employees or temporary personnel to present badges to obtain access to certain locations? Yes No

Does the firm have a visitor control process? Yes No

Does the firm maintain a log of all visitors? Yes No

Where is the physical location of the firms fax machines and photocopiers?

How does the firm destroy confidential information?

## REFERENCES

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Please attach three (3) letters of recommendation from current or previous clients and/or peers.

## ADDITIONAL INFORMATION

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Please include the following documents with your application. Documents may be submitted electronically.

- a. State Registration/License/Bar Card for each Attorney
- b. A list of past lawsuits:
  - i. Against your firm
  - ii. Against any of the attorneys in your firm
  - iii. Against any employees in your firm
- c. ~~Provide~~ Enclose a list of all types of insurance that your firm carries, including carrier and policy limit information for each of the specified categories listed below:
  - i) Statutory workers comp covering all state & local requirements
  - ii) ~~Provide~~ Comprehensive general liability for errors and omissions, including coverage for completed operations (for at least two years after completion of services), products liability and contractual obligations
  - iii) Crime and fidelity insurance that protects clients against theft or wrongful conversion by law firm's employees, agents, or subcontractors of clients' property or cash receipts
  - iv) Professional liability insurance for errors and omissions, including coverage for completed operations, product liability, and contractual obligations, with coverage for a period of at least two years after completion of services

## CERTIFICATION & ACKNOWLEDGEMENT

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I, \_\_\_\_\_, certify that the information that I have provided on behalf of \_\_\_\_\_ contained in this application is true and complete to the best of my knowledge and that I am an authorized legal representative of the firm.

Signature:

Date:

Title: