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REFERRAL SERVICE PARTICIPATION

NOSSCR maintains a referral service for those members who choose to participate and who comply with the following conditions.

INITIALS

- _____ 1. Participants shall be NOSSCR members who are admitted to practice in the highest court in any state, and who are in good standing there; and who are in good standing to represent claimants before the Social Security Administration; and who engage in the private practice of law in representing Social Security claimants.
- _____ 2. Participants may have up to two listings, one listing for their "main" office and a second listing for an "additional" office. To qualify as an "additional office," there must be a physical address and telephone number.
- _____ 3. Participants must furnish evidence of lawyer's professional malpractice insurance, with liability coverage of a minimum of \$100,000 per occurrence, and furnish updated information when needed.
- _____ 4. Participants are required to provide NOSSCR with a status report indicating whether they have accepted the case and the outcome when completed.
- _____ 5. To help defray the cost of our nationwide referral service, we are requesting a voluntary contribution of 10% of any fee which you receive in this matter.
- _____ 6. Participants must abide by all the rules of the Referral Service and will in no way hold, or claim to hold, NOSSCR, the Referral Service or any of the members, officers or employees liable in connection with any referral made.
- _____ 7. Where referred callers complain or indicate dissatisfaction with the attorney to whom they were referred, the Executive Director shall attempt to resolve the problem. Where such efforts are unavailing, the matter may be referred to NOSSCR's grievance committee.
- _____ 8. The association's membership standards committee shall establish procedures for suspending and removing members from continued participation in the referral service. Examples of cause could include repeated failure to respond to NOSSCR inquiries concerning the status of referrals.

TO PARTICIPATE IN THE REFERRAL SERVICE:

- 1. Acknowledge your agreement to abide by the above listed conditions by initialing each line and by signing and returning this letter to NOSSCR, AND**
- 2. Attach a photocopy of the current face sheet of your lawyers' professional malpractice**

Signature _____

Print Name _____

Address _____

Telephone _____

Date: _____