

Stark County Association for Justice

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APPLICATION FOR ADMISSION

NAME _____

OFFICE ADDRESS _____

OFFICE PHONE _____ OFFICE FAX _____

E-MAIL ADDRESS _____

HOME ADDRESS _____

HOME PHONE _____

REFERENCES _____
(at least one must
be a SCAJ member
in good standing)

DATE ADMITTED TO BAR _____

I hereby request to be admitted to the Stark County Association for Justice ("SCAJ") and acknowledge the following certifications are a condition of my membership in SCAJ.

By my signature below, I certify that I am dedicated to the rights of individual plaintiffs in personal injury, products liability, workers compensation, consumer protection and other cases. I further certify that I do not represent insurance companies in the defense of personal injury or other types of cases, nor do I directly or indirectly share fees earned in the representation of insurance companies in the defense of personal injury litigation.

I also certify and affirm that I do not engage in the practice of directly soliciting accident victims.

X _____

Signature of Applicant

IF ADMITTED TO THE PRACTICE OF LAW FOR MORE THAN 5 YEARS	\$175.00
IF ADMITTED TO THE PRACTICE OF LAW FOR 5 YEARS OR LESS:	\$ 80.00
THOSE WHO ARE FULL-TIME GOVERNMENT EMPLOYED ATTORNEYS	\$ 87.50
THOSE WHO ARE INACTIVE OR RETIRED	\$ 87.50
THOSE ADMITTED TO THE PRACTICE OF LAW FOR MORE THAN 50 YEARS	[free]

PLEASE RETURN THIS APPLICATION TO THE ABOVE ADDRESS FOR THE BOARD'S APPROVAL