

OF COUNSEL AND INDEPENDENT CONTRACTOR SUPPLEMENT

Applicant's Instructions: *Please complete a separate supplement for each attorney who acts as "Of Counsel" of and "Independent Contractor" for your firm.*

Firm Name: _____

1. Name of Attorney: _____ Of Counsel ("OC") Independent Contractor ("IC")

Bar Card Number: _____ Year Attorney became OC or IC: _____

2. On average, how many hours per week does the Attorney work for your firm? _____

3. In the past 12 months, how many hours did the Attorney bill on behalf of your firm? _____

4. If the attorney has been acting as OC or IC for your firm for less than 12 months, how many hours do you estimate the attorney will bill on behalf of your firm during their first year? _____

5. Yes No Does the attorney also practice independently from your firm?

If yes, what is the name of the firm(s)?

6. Yes No Does the Attorney have professional liability insurance for that independent practice?

If Yes: a. What is the name of the insurance company? _____

b. What are the effective dates of the policy? _____

c. What are the limits of liability of the policy? _____

7. Does the attorney perform the following tasks on behalf of your firm?

Yes No Appear in court?

Yes No Sign pleadings?

Yes No Have direct contact with your firm's clients?

[Back to Question 5\(a\)](#)