

**DELAWARE ASSOCIATION OF CRIMINAL DEFENSE LAWYERS
REGISTRATION FORM AND REQUEST FOR ONLINE SERVICES**

Name: _____

Firm Name: _____

Street Address 1: _____

Street Address 2: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Firm's Web Site Address (URL): _____

Present E-Mail Address: _____

Counties Practice In: _____ New Castle _____ Kent _____ Sussex

**PROFESSIONAL LIABILITY INSURANCE INFORMATION
(REQUIRED FOR ELECTRONIC LAWYER REFERRAL)**

Insurance Company: _____

Named Insured: _____

Policy Number: _____

Effective Date: _____

Expiration Date: _____

Limits of Liability: _____

I certify that the information on this Registration Form is true and accurate, and that I will immediately notify DACDL and Barristers Club of any changes. I understand and agree that my membership in the Electronic Lawyer Referral Service is subject to the Terms of Use posted on the Barristers Club web site (<http://de.barristersclub.com>).

SIGNATURE

DATE

MEMBERSHIP DUES

Membership Dues include Electronic Lawyer Referral, Web Page, E-Mail Account, Member Directory Listing, Online Discussion Forum, DACDL List-Serve, and more. Enclosed please find my check made payable to the Delaware Association of Criminal Defense Lawyers (DACDL):

**Public Defender:
\$50.00/Year**

**Private Attorney < 5 Years:
\$ 75.00**

**Private Attorney > 5 Years:
\$100.00**

**DACDL
c/o Kevin J. O'Connell, Esquire
831 N. Tatnall Street, Suite 200
Wilmington, DE 19801
Ph: 302.984.3355
Fx: 302.984.3359
e-mail: kjoc@delanet.com**

**Barristers Club
c/o Albert M. Greto, Esq.
715 N. Tatnall Street
P.O. Box 756
Wilmington, DE 19899-0756
Ph: 302.761.9000
Fx: 302.761.9035
e-mail: algreto@de.barristersclub.com**

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AREAS OF PRACTICE - CRIMINAL LISTINGS

- | | | |
|-----------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Criminal Defense | <input type="checkbox"/> Criminal Law/Federal | <input type="checkbox"/> Criminal Law/Search & Seizure |
| <input type="checkbox"/> Criminal Law/Appeals | <input type="checkbox"/> Criminal Law/Forfeiture of Property | <input type="checkbox"/> Criminal Law/Sentencing |
| <input type="checkbox"/> Criminal Law/Death Penalty | <input type="checkbox"/> Criminal Law/Juvenile | <input type="checkbox"/> Criminal Law/Traffic Violations |
| <input type="checkbox"/> Criminal Law/Drugs | <input type="checkbox"/> Criminal Law/Post Conviction Relief | |
| <input type="checkbox"/> Criminal Law/DUI | <input type="checkbox"/> Criminal Law/Probation & Parole | |

JURISDICTIONS LICENSED TO PRACTICE

(Please indicate the jurisdictions and/or courts in which you are licensed to practice law)

_____	_____
_____	_____
_____	_____
_____	_____

PROFFESIONAL BACKGROUND

(Please indicate your employer, title, and dates you were employed)

_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____
_____	_____ - _____

EDUCATIONAL BACKGROUND

(Please indicate the name and location of the schools you attended, the date you received your degree, and the degree you received)

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PROFFESIONAL ASSOCIATIONS OR MEMBERSHIPS

(Please indicate the name of the association, and the date on which you became a member)

BRIEF PERSONAL NARRATIVE ABOUT YOU AND YOUR LAW PRACTICE
