

Law Firm Listing Form for CMBA 2010 Pictorial Legal Directory (\$90.00 per firm)

Please Note: All information you fill in below will actually appear in your listing

Law Firm Name _____

Address _____

Phone _____ Fax _____

Firm E-mail _____

Firm URL _____

50 Word description of your practice

Note: Additional words beyond 50 are \$2.00 each (Add additional copy on separate paper if needed)

Members of firm to be listed by name

(\$10.00 per name, \$2.00/word for resume)

Atty. Resume can include: law school, undergraduate school, admitted bar date, professional achievements and awards, special area of practice and E-mail address.

1. Atty Name: _____

Resume: _____

2. Atty Name: _____

Resume: _____

3. Atty Name: _____

Resume: _____

Please list additional names and resumes on separate sheet if necessary.

Example of Law Firm Listing

Cleveland Metropolitan Bar Association Firm Name

1301 E. 9th Street, Second Level
Cleveland, Ohio 44114 Address

Phone: (216) 696 - 3525
Fax: (216) 696 - 2413
E-Mail: www.clemetrobar.org Contact Information

The Cleveland Metropolitan Bar Association (CMBA) is a nonprofit organization, operating as a center for legal professionalism in the region and promoting the highest ethical and professionalism standards. It was formed in March 2008 by the consolidation of the Cleveland Bar and Cuyahoga County Bar Associations, which brought together more than 135 years of rich history. Its vision is to advance the greater Cleveland legal community as a world-class center of professional excellence and model of community service. Firm Description

Mary Groth Attorney Name
J.D., Case Western Reserve University
mgroth@clemetrobar.org
OH:83

K. Ann Zimmerman Attorney Resume
J.D., Cleveland State University,
Cleveland Marshall College of Law
kaz@clemetrobar.org

Heather Zirke
J.D., Cleveland State University,
Cleveland Marshall College of Law
hzirke@clemetrobar.org

Directory of Attorneys by Bars and or Courts Admitted to Practice In/Ability to Serve Clients in a Different Language

Please Note: All information you fill in below will actually appear in your listing

Law Firm and/or Attorney Name _____

Address _____

Phone _____ Fax _____

Firm E-mail _____

Firm URL _____

Please indicate by checking in the appropriate space which Courts you are admitted to practice in and in which languages you are able to serve your clients.

Rate: \$35.00 per listing checked

State Bars Admitted To Practice in:

- Florida
- Indiana
- Michigan
- Ohio
- Pennsylvania
- West Virginia
- Other: _____

Courts Admitted To Practice in:

- US Court os Appeals - 6th Court
- US Court of Claims
- US Court of Military Appeals
- US Court of Veteran Appeals
- US District Court - Northern District of Ohio
- US District Court - Southern District of Ohio
- US Patent Office
- US Supreme Court
- US Tax Court
- Other: _____

Languages Able To Serve Clients in:

- Arabic
- Chinese
- French
- German
- Greek
- Hebrew
- Italian
- Japanese
- Korean
- Russian
- Spanish
- Other: _____

Example of State Bars Admitted to listing

State Name

FIRM NAME
Address 1
City, State Zip

Phone:
Fax:
E-Mail:
Website

State Name

FIRM NAME
Address 1
City, State Zip

Phone:
Fax:
E-Mail:
Website

Attorney Name
(who is admitted to state's bar)

Example of Courts Admitted To listing

U.S. District Court- Northern District of Ohio

FIRM NAME
Attorney Name (who is admitted to court)
Address 1
City, State Zip

Phone:
Fax:
E-Mail:
Website

FIRM NAME
Address 1
City, State Zip

Phone:
Fax:
E-Mail:
Website

Example of Languages Spoken listing

French

FIRM NAME
Attorney Name (who speaks language)
Address 1
City, State Zip

Phone:
Fax:
E-Mail:
Website

Spanish

FIRM NAME
Attorney Name (who speaks language)
Address 1
City, State Zip

Phone:
Fax:
E-Mail:

Directory of Special Areas of Practice

Please Note: All information you fill in below will actually appear in your listing

Law Firm and/or Attorney Name _____

Address _____

Phone _____ Fax _____

Firm E-mail _____

Firm URL _____

Please indicate by checking in the appropriate space which special areas of practice you wish to be listed under in the Directory of Areas of Practice.

Rate: \$35.00 per listing checked

- | | | |
|--|---|---|
| <input type="checkbox"/> Acquisitions
<input type="checkbox"/> Admiralty
<input type="checkbox"/> Adoption
<input type="checkbox"/> Antitrust
<input type="checkbox"/> Arbitration
<input type="checkbox"/> Asbestos
<input type="checkbox"/> Attorney Discipline
<input type="checkbox"/> Banking
<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Business
<input type="checkbox"/> Casualty
<input type="checkbox"/> Civil Rights
<input type="checkbox"/> Collections
<input type="checkbox"/> Commercial Litigation
<input type="checkbox"/> Commercial/Ind. Lease
<input type="checkbox"/> Communications
<input type="checkbox"/> Computer
<input type="checkbox"/> Condominium
<input type="checkbox"/> Construction
<input type="checkbox"/> Contracts
<input type="checkbox"/> Copyright
<input type="checkbox"/> Corporate
<input type="checkbox"/> Criminal
<input type="checkbox"/> Debtor-Creditor
<input type="checkbox"/> Domestic Relations
<input type="checkbox"/> Eminent Domain
<input type="checkbox"/> Employment
<input type="checkbox"/> Entertainment
<input type="checkbox"/> Environmental
<input type="checkbox"/> Equipment Leasing
<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Liability
<input type="checkbox"/> Finance
<input type="checkbox"/> First Amendment
<input type="checkbox"/> Foreclosure
<input type="checkbox"/> Franchise
<input type="checkbox"/> Government
<input type="checkbox"/> Hazardous Materials
<input type="checkbox"/> Health Care/Hospitals
<input type="checkbox"/> Housing/Urban Dev.
<input type="checkbox"/> Immigration
<input type="checkbox"/> Insurance | <input type="checkbox"/> Intellectual Property
<input type="checkbox"/> International
<input type="checkbox"/> Interstate Commerce
<input type="checkbox"/> Labor
<input type="checkbox"/> Land Use
<input type="checkbox"/> Landlord-Tenant
<input type="checkbox"/> Legal Malpractice
<input type="checkbox"/> Legislative
<input type="checkbox"/> Libel
<input type="checkbox"/> Litigation
<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> National Labor Relations
<input type="checkbox"/> Negligence
<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Occupational/Disease
<input type="checkbox"/> Occupational Safety Health Admin.
<input type="checkbox"/> Oil & Gas
<input type="checkbox"/> Patents
<input type="checkbox"/> Pensions
<input type="checkbox"/> Personal Injuries
<input type="checkbox"/> Probate
<input type="checkbox"/> Products Liability
<input type="checkbox"/> Property
<input type="checkbox"/> Public Interest Sharing
<input type="checkbox"/> Public Law
<input type="checkbox"/> Public Records
<input type="checkbox"/> Public Utilities
<input type="checkbox"/> Real Estate
<input type="checkbox"/> Reorganization
<input type="checkbox"/> School
<input type="checkbox"/> Secured Transactions
<input type="checkbox"/> Securities
<input type="checkbox"/> Social Security
<input type="checkbox"/> Sports
<input type="checkbox"/> Surety
<input type="checkbox"/> Taxation
<input type="checkbox"/> Tort
<input type="checkbox"/> Toxic Substances
<input type="checkbox"/> Trade Regulation
<input type="checkbox"/> Trade Secrets
<input type="checkbox"/> Trademarks
<input type="checkbox"/> Transportation | <input type="checkbox"/> Trusts & Estates
<input type="checkbox"/> Wills
<input type="checkbox"/> Workers Comp.
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|--|---|---|

Example of Areas of Practice Listing

Acquisitions

FIRM NAME
 Address 1
 City, State Zip

Phone
 Fax
 E-Mail

Administration

FIRM NAME
 Address 1
 City, State Zip

Phone
 Fax
 E-Mail

Admiralty

FIRM NAME
 Address 1
 City, State Zip

Phone
 Fax
 E-Mail

2010 CMBA Pictorial Legal Directory Billing Information

Name/Firm _____

Address _____

Phone _____ Fax _____

E-mail _____

Person Completing Form _____

Directory of Law Firms and Single Practices

Listing in Directory of Law Firms (50 word Description) \$90.00 = _____

Additional Words Beyond 50 _____ x \$2.00 = _____

Members of Firm To Be Listed _____ x \$10.00 = _____

Directory of Areas of Practice

Areas of Practice Listing(s) (per listing) _____ x \$35.00 = _____

Directory of Attorneys by Bars Admitted to Practice In/ Ability to Serve Client in a Different Language

State Bars Admitted In (per listing) _____ x \$35.00 = _____

Courts Admitted To Practice In (per listing) _____ x \$35.00 = _____

Languages Spoken (per listing) _____ x \$35.00 = _____

Total: \$ _____

Please supply credit card information (you may also pay by check or be billed) MasterCard Visa Discover American Express

Signature: _____ Exp: _____

Return information forms and Billing Information Worksheet by May 15, 2010. If you have any questions, please call the Cleveland Metropolitan Bar Association Communications Department at (216) 696-3525 x4012

Send information to: Cleveland Metropolitan Bar Association, Communications Department, 1301 E. 9th St., 2nd Level, Cleveland, OH 44114. You can also fax to (216) 696-2413