

Registration Number: _____

Form I

Date Assigned: _____

Legal Service Plan

This report is to be filed, pursuant to *RPC 7.3(e)(4)(vii)* of the *Rules Governing the Courts of New Jersey*, at least ten days prior to commencement of operation of a legal service plan, provided that such plan is neither established nor maintained by an employer or employee organization nor is otherwise subject to control under and preempted by federal law, and annually thereafter with the Supreme Court Clerk's Office, Administrative Office of the Courts, Hughes Justice Complex, PO Box 970, Trenton, NJ 08625-0970.

1. Name of organization operating plan:

2. Such organization derives (a) profit
 (b) no profit from the furnishing, recommending or rendition of legal services. Attach a list of the names and addresses of officers, directors, and stockholders or trustees as appropriate.

3. Principal address in New Jersey:

4. Name and address of attorney supervising and responsible for professional services in New Jersey:

5. (a) Does the plan operate directly, indirectly, or through an affiliate in any other state than New Jersey? Yes No
(b) If yes, set forth name of each plan and address in each state in which the plan operates, together with name and address of supervising attorney.

Note: Attach additional pages, if required, for complete answers.

6. Furnish a general description of the plan and the manner in which it is intended to operate, including the following:

(a) Description of beneficiaries:

(b) Schedule of benefits:

(c) Subscription charges:

(d) State what provision is made pursuant to *RPC 7.3* for appropriate relief in New Jersey when a claim is asserted that representation by counsel furnished, selected, or approved would be unethical, improper, or inadequate:

(e) State what provision is made for referral to counsel outside New Jersey:

(f) State what provision, if any, is made for fee payment to counsel outside New Jersey:

(g) Will all contracts between the legal services plan and members or beneficiaries be identical? Yes No

If no, indicate how many different kinds of contracts will be used

Attach copies of each form of contract to be used.

7. (a) List names and addresses of all attorneys who will be performing legal services to be provided pursuant to the plan:

(b) Indicate which of the above attorneys, if any, are employed or retained to render legal services on a full-time basis:

8. Are attorneys who provide legal services under the plan:

- (a) employed on salary (b) retained on fee basis for services rendered or
 (c) otherwise remunerated _____

If the answer is (c), set forth the arrangement for remuneration:

9. Finances:

(a) Legal fees

Set forth the terms of the financial arrangements with attorneys for the payment of legal services to be rendered pursuant to the plan:

(b) Expenses other than legal fees

On initial filing indicate arrangements for payment of anticipated expenses and on each subsequently filing actual amount expended during the preceding twelve months:

(c) Subscription fees

On initial filing indicate anticipated yearly amount of subscription fees and on each subsequent filing actual subscription fees received for preceding twelve months:

(d) Attach to this form on annual refiling:

(1) Financial statement for last previous fiscal year of operation; (2) Balance sheet; (3) Profit and loss statement; and (4) Financial projections and budget for forthcoming year.

10. List and describe all law suits filed against the plan, or attorneys associated with the plan, as well as ethics complaints known to have been filed against attorneys associated with the plan in the preceding twelve months arising out of services rendered pursuant to the plan:

11. On annual refiling set forth:

Number of subscribers, members or beneficiaries as of filing date _____;
Number of subscribers, members and/or beneficiaries on previous filing date _____; and
Net change _____

I hereby certify that the foregoing statements are true to the best of my knowledge and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____

Attorney Supervising and Responsible for the Professional
Services Rendered by the Plan

I hereby certify that the foregoing statements are true to the best of my knowledge and belief. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____

Principal Officer or Person in Charge of the Plan