KLRS ATTORNEY CERTIFICATION:

- I hereby apply for membership to the Kentucky Lawyer Referral Service ("KLRS"). I am a member
 in good standing of the Kentucky Bar Association or the Indiana Bar Association (if applicable). I
 represent that I am covered by a malpractice insurance policy with limits of not less than
 \$100,000/\$300,000. (Policy declaration page is attached.)
- I agree to abide by the rules and regulations of the KLRS and the policies and application requirements, as may be amended from time to time, as set forth in the membership information attached hereto and incorporated herein. I further agree to abide by all rules of the Kentucky Supreme Court.
- I understand and acknowledge that enrollment on any panel constitutes certification that I have requisite legal knowledge, skill, experience and competence regarding the subject matter, and further have the time available to be thorough and prepared as reasonably necessary for all panel representations. In connection therewith, I hereby certify knowledge of SCR 3.130 constituting the Kentucky Rules of Professional Conduct, and specifically Rule 1.1(1) and the Supreme Court Commentary thereto. I hereby further acknowledge that improper or inaccurate certification with reference to certifications made in the foregoing sentence will subject me to expulsion from the KLRS and disciplinary action by the Kentucky Bar Association.
- I hereby acknowledge and certify that the foregoing representations are true and correct.

Signature:	Date:
Printed Name:	
COMMONWEALTH OF KENTUCKY)) SS
COUNTY OF JEFFERSON)
Subscribed, sworn to, and	acknowledged before me this day of
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My Commiss	ion Expires:
	NOTARY PUBLIC,
	State-at-Large, KY