

**Bankruptcy  
Modest Means Panel Application**

Name: (please print) \_\_\_\_\_

Please select the areas in which you would like to accept referrals:

\_\_\_ Chapter 7 (involving a homestead property)

\_\_\_ Chapter 13 (involving a homestead property)

\_\_\_ I certify that I practice and am qualified to accept bankruptcy cases. I meet the LRIS membership requirements for receiving referrals from LRIS in this area and will maintain compliance with the requirements as long as I accept LRIS referrals.

Date \_\_\_\_\_ Signature \_\_\_\_\_