



American Alliance of Creditor Attorneys, Inc. (AACCA) Application for Membership

This is an application for membership to the American Alliance of Creditor Attorneys, Inc., (AACCA). The application is the property of AACCA and may not be reproduced, published or provided to non-applying parties without the express written consent of AACCA. All financial and credit information contained within the profile in this application, or accompanying documentation will be kept in the strictest of confidence and provided only to those members of AACCA as deemed necessary by the Board of Directors.

This application for membership is not a guarantee of acceptance into AACCA.

By making this application for membership, the applicant agrees to the following:

- (1) To allow AACCA the right to research and inquire into your credit record and to include the credit information as a permanent part of the application.
- (2) In the event of acceptance to AACCA membership, the applicant agrees to be bound by any and all governing documents of AACCA, including but not limited to the By-Laws and Member Standards.
- (3) To accept the decision by AACCA with respect to this application as final.
- (4) To hold AACCA harmless for any and all changes that it may incur as a result of any action or claims taken against AACCA resulting directly or indirectly from the applicants application, and/or resulting membership in AACCA.
- (5) If admitted into AACCA, each member firm will provide AACCA with a list of the member’s clients that could benefit from AACCA regional or national representation. Thereafter, each member will be responsible for identifying potential new clients and will work cooperatively with others in AACCA to pursue possible business opportunities with those identified.
- (6) To pay invoices from AACCA promptly. Members pay a penalty of one and one-half percent (1.5%) per month on amounts not paid within forty-five (45) days of the date of invoice.
- (7) Termination in AACCA:
 - (a) May cause all or some active files to be returned to AACCA or AACCA clients
 - (b) That all responsibilities of active membership remain while accounts are retained by Member Firm.
- (8) To sign and return the Collection Attorney Agreement.

I. Application Information

Firm Name: _____

Date of Application: _____

II. Firm Profile

A. General Information

Firm Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Facsimile: () _____

Web URL: _____ Email: _____

Does your firm have internet access: Yes _____ No _____ Type of Organization: _____

Date firm was founded: _____

B. AACA Representative

Name: _____

Position: _____ Length of time with this Firm: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Spouse Name _____

AACA Alternate

Name: _____

Position: _____ Length of time with this Firm: _____

Will the Primary Contact for your firm be the same as the AACA Representative listed above?

(The Primary Contact will be the person that AACA, as well as clients will contact for all matters relating to files, procedures and/or firm updates. The person listed as Primary Contact should be easily accessible, up to date on all AACA matters and have access to the AACA web page as well as AACA mail.)

If not, please list the person who will be the AACA Primary Contact: _____

Remitting Contact: _____

Reporting Contact: _____

AACA Computer Coordinator: _____

C. Personnel

Please list the number of each and count individuals only once. Should more than one category be required, please divide (ie: ½ individual).

- Partners/Shareholders** _____
- Associates** _____
- Paralegal/Legal Asst** _____
- Investigators** _____
- Skip Tracers** _____
- Collectors** _____
- Department File Clerks** _____
- Law Clerks** _____
- Administrative Staff** _____
- Legal Secretaries** _____
- Marketing Staff** _____
- Others** _____
- Total Attorneys & Staff** _____

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Part-time Category Below – Please note: this is the amount of time the employee spends on that particular area and not an indicator of whether the employee is a full-time or part-time employee with the firm.

	Full-time	Part-time	Avg. # hours per day
Of the total attorneys, how many are involved in collections?			
If your employees do “cradle to grave” collections (work on file from beginning to end), how many collectors are allocated to your collection process?			
If your employees do not work “cradle to grave” collections, how many do “pre-suit” work?			
If your employees do not work “cradle to grave” collections, how many do “post-suit” work?			
Below are “other” employees allocated to collection process:			
Secretaries			
Bookkeepers			
Paralegals/Legal Asst.			
Skip-Tracers			
Other			

D. Areas of Practice

<u>Firms Practice by Area of Law</u>	<u>%</u>	<u>Firms Practice by Industry Type</u>	<u>%</u>
Administrative Law		Aviation	
Antitrust		Banking/Financial Services	
Bankruptcy		Construction Law	
Business Litigation		Education	
Corporate Law		Engineering	
Creditors Remedies/Collections		Environmental	
Criminal		Equine	
Employment/Labor Law		Franchising	
Entertainment Law		Government	
Estate Planning/Trusts/Probate		Health Care	
Family Law		Insurance	
Government Relations/Lobbying		Maritime Law	
Immigration		Real Estate	
Intellectual Property		Sports	
International Law		Utility	
Malpractice		Other	
Mergers & Acquisitions			
Pensions and Profit Sharing			
Personal Injury			
Real Estate			
Workers Compensation			
Other			
<u>Total Percent to equal 100%</u>		<u>Total Percent to equal 100%</u>	

In what state(s) are your attorneys licensed to practice?

State: _____ # of Attorneys: _____

State: _____ # of Attorneys: _____

State: _____ # of Attorneys: _____

State: _____ # of Attorneys: _____

E. Range of Billing Rates

Partners/Shareholders	\$ _____	to	\$ _____
Associates	\$ _____	to	\$ _____
Paralegal/Legal Asst.	\$ _____	to	\$ _____

Other	\$ _____	to	\$ _____
	\$ _____	to	\$ _____
	\$ _____	to	\$ _____

F. Specialists/Ratings

Do any members of your firm have certification in specialty areas?

If so, please describe: _____

What is your Martindale Hubbell rating? _____

G. Malpractice Coverage

Does your firm have Professional Liability Insurance coverage?

Insurer: _____ Policy Limits: _____

Deductible: _____ Expiration Date: _____

Does your firm have employee dishonest/fidelity bond? _____ Policy Limits: _____

Describe any disciplinary action taken against your firm or a member of your firm during the last five (5) years. Please provide a brief description of the facts and the outcome:

H. Firm Administration

If your firm has a managing partner, please identify: _____

If your firm has a marketing director, please identify: _____

Is your firm a member of any network or affiliation of law firms? If yes, please describe: (Please exclude bar associations, educational associations and philanthropic associations.) _____

I. Creditors' Remedies/Collections Area

Attorney responsible for collection operations: _____

Tenure with firm and length of experience in collections: _____

Length of time the firm has been engaged in collections: _____

What type of collection files will your firm handle? On a scale of one to ten (1-10) with ten (10) being collection of only suit-ready files, and one (1) being collection of any degree of pre-judgment files:

J. Collection Software

Date system installed: _____

Name of Software installed: _____

Type of Hardware installed: _____

Number of workstations installed in collection department:

Terminals: _____ PC's: _____

During the past 12 months what was the average number of active collection files in your office? _____

Of these accounts:

- a) What percent is forwarded? _____
- b) What percent is direct? _____

The majority of collection files handled by your office are:

- a) Forwarded Commercial? _____
- b) Retail & Credit Card? _____
- c) Medical? _____
- d) Auto Deficiencies? _____
- e) Subrogation? _____
- f) Educational Loans? _____
- g) Bankruptcy? _____

K. Other Areas of Service You Will Provide to AACA Clients

AACA clients have requested a list of firms who feel they do a very good job for clients working in the following areas. If you believe your firm can meet this expectation, please indicate "yes" below and what counties or geographical areas you would do the work in for AACA clients:

Counties/Geographical area in which your firm will perform the work marked "yes" below

Bankruptcy:

Chapter 7:

Attend 341 hearings:	Yes ___	No ___
Preparation and execution of reaffirmation hearings:	Yes ___	No ___
Filing Proof of Claims:	Yes ___	No ___
Preparation and filing of Agreed Orders:	Yes ___	No ___
Preparation, filing and defending adversarial proceedings:	Yes ___	No ___
Depose Debtors:	Yes ___	No ___

Other: _____:

Chapter 13:

Filing Proof of Claims:	Yes ___	No ___
Review budgets and schedules for errors and abnormalities:	Yes ___	No ___
Prepare and argue objections to plans:	Yes ___	No ___
Prepare objections and to argue modifications to plans:	Yes ___	No ___
Prepare and file Agreed Orders to terminate stays:	Yes ___	No ___
Prepare, file and argue Motions to avoid liens:	Yes ___	No ___
Attend 341 meeting and confirmation hearings:	Yes ___	No ___
Prepare, file and argue Motions to Dismiss:	Yes ___	No ___
Perform Debtor depositions:	Yes ___	No ___

Other:

Regulatory/Compliance Work:	Yes ___	No ___
Complex Litigation:	Yes ___	No ___
Deficiency:	Yes ___	No ___
Estate/Probate Work:		
Titles:	Yes ___	No ___
Closings:	Yes ___	No ___
Foreclosures:	Yes ___	No ___
Other _____:		
Replevins:	Yes ___	No ___

Other _____

III. Geographical Territory for Coverage

Territory Requested: _____
(Attach a map indicating the areas in which you presently practice and those for which you are applying)

IV. References

Please list three (3) client references as to your practice, character and general reputation as a law firm:

<u>Business</u>	<u>Contact Name</u>	<u>City/State</u>	<u>Telephone Number</u>

V. Financial Statement

Please submit with this application a financial statement for the current year to date and/or the two (2) years preceding the year in which application is made.

VI. Insurance

Please submit proof of Professional Liability Insurance coverage with your completed application.

Also note that if your application is approved, you will be required to meet insurance guidelines of each AACA client and to provide the documentation they request. At this time, insurance requirements are as follows:

- Professional Liability Insurance in the amount of \$500,000
- Fidelity Bond in the amount of \$300,000 (required for specific clients)

VII. Fees

Fees vary from client to client. However, the following fees are most commonly applicable:

- \$15.00 Per File Received
- Three to five percent (3% - 5%) of All Collections

VIII. Firm Clientele

Please list your firms "Top Ten" Clients and briefly describe the nature of work performed by your firm on their behalf:

	<u>Client Name</u>	<u>Type of Business</u>	<u>Work Performed</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Please list your firms "Top Ten" Collections Clients and briefly describe the nature of work performed by your firm on their behalf:

	<u>Client Name</u>	<u>Type of Business</u>	<u>Work Performed</u>	<u>Average # of Active Files</u>	<u>Average # of Monthly Placements</u>	<u>Average # of Recovery Rate</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

IX. Signature

By executing this application for membership, the applying firm agrees to abide by the terms and conditions herein set forth:

1. That signature of person signing below is a (partner) (shareholder) in the law firm of _____ and has the authority to execute this application on behalf of the firm.
2. That (law firm) is applying for membership in the American Alliance of Creditor Attorneys (AACA).
3. That all said firm attorneys are duly licensed to practice law and are in good standing in the state in which firm’s principal offices are located.
4. That in those states where law firm practices law other than the state in which the principal offices are located, the firm’s attorneys practicing in those states are licensed and in good standing and have complied with the necessary rules and regulations set forth by the governing body with the responsibility of governing the practice of law in said state.
5. That signature of person signing below completes this application with personal knowledge of the facts herein and for the purpose of meeting the requirements for membership in AACA.

The applying firm also states that it has reviewed the completed application and that all information contained therein is accurate.

Signed this _____ day of _____ 200__.

By (Firm Member):

Responsible Member Authorized to Bind the Firm:

Reminder: Submit the following with your application:

- **Proof of Financial Liability Insurance**
- **Financial Statements – year to date and/or the two (2) years preceding the year in which application is made**

SUBMIT COMPLETED APPLICATION AND ATTACHMENTS TO:

*Thomas J. Balcerzak, President
American Alliance of Creditor Attorneys
2550 Corporate Exchange Drive, Suite 204
Columbus, Ohio 43231*

or via email