



2550 Corporate Exchange Drive
 Suite 204
 Columbus, Ohio 43231
 www.aacanet.com

Network Attorney Application

This is an application to join the AACANet, Inc. collection and creditor rights network as a member law firm. The application is the property of AACANET and may not be reproduced, published or provided to others without the express written consent of AACANET. All financial and credit information provided by the applicant as requested in this application will be kept confidential by AACANet and is intended for the purpose of qualifying the applicant as a law firm member on the network.

By applying, the applicant understands that they are not guaranteed acceptance into the network. The applicant agrees to the following:

- (1) That AACANET has the right to inquire into the applicant's financial condition, business reputation and experience as part of the AACANet due diligence process.*
- (2) The decision of AACANET with respect to this application as final and not subject to review or appeal.*
- (3) Any expenses, fees or charges that applicant may incur in responding to this application, AACANet due diligence requests, set-up fees and travel expenses of applicant are and shall remain the sole obligation of applicant.*

Firm Overview			
Company Name:			
Street Address:			
Suite/P.O. Box:			
City:	State:	Zip:	
Main Contact Name:			Title:
Main Contact Email:	Main Contact Phone #:		

Type of Entity:	Date of Formation: _____	State of Formation: _____
<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____	Company Chief Officers: Name: _____ Name: _____ Name: _____ Name: _____	Title: _____ Title: _____ Title: _____ Title: _____

Name and percentage ownership of major owners:

Name	% of Shares	Name	% of Shares

Service Areas

Indicate each state where you provide legal services and how many attorneys are licensed in the state:

State	Number	State	Number	State	Number	State	Number	State	Number	State	Number

Attorneys – For each attorney working collections for the Firm, please provide the following:

Full Name	State(s) Licensed	Date(s) Licensed Issued	Firm Hire Date	Years In Collection	In Good Standing? Y/N	*Claims History? Y/N

*For the purpose of this application, a claims history includes any actions before the bar or grievance counsel as to the attorney’s practice of law, any revocation or suspension of the attorney’s license to practice in any state and any malpractice suits filed against the attorney. Please provide an explanation of any claims history on a separate sheet.

Collection Staff

Please list the number of employees, full and part time, the firm employees in the following areas:

Area of Responsibility	FULL	PART	Area of Responsibility	FULL	PART
Attorney			Accounting		
Paralegal/Legal Assistant			Marketing		
Collector			Information Technologies		
Claims Investigator			Compliance		
Skip Tracer			Secretarial		
File Clerk			Other: _____		
Law Clerk			Other: _____		
Administrative			TOTAL:		

**If an employee split time between several duties, please provide the percent of time they work in each area, but be sure to not exceed 100% for any one individual. Full time employees are employees that work a minimum of 32 hours per week. A Part Time employee is an employee working less than 32 hours per week on average.

Account Experience

Please indicate the firm's collection experience with each account type and the current percentage open:

Type	Percent	Type	Percent
<input type="checkbox"/> Arbitration	____%	<input type="checkbox"/> Judgments	____%
<input type="checkbox"/> Auto Deficiency	____%	<input type="checkbox"/> Landlord/Tenant	____%
<input type="checkbox"/> Bankruptcy	____%	<input type="checkbox"/> Medical	____%
<input type="checkbox"/> Commercial	____%	<input type="checkbox"/> Merchant Cards	____%
<input type="checkbox"/> Consumer Loans	____%	<input type="checkbox"/> Pay Day	____%
<input type="checkbox"/> Credit Card	____%	<input type="checkbox"/> Replevin	____%
<input type="checkbox"/> Credit Union	____%	<input type="checkbox"/> Student Loans	____%
<input type="checkbox"/> Direct Deposit Accounts (DDA)	____%	<input type="checkbox"/> Subrogation	____%
<input type="checkbox"/> Equipment Rental	____%	<input type="checkbox"/> Term Loans	____%
<input type="checkbox"/> Foreclosure	____%	<input type="checkbox"/> 2 nd Mortgage Default	____%
<input type="checkbox"/> Funeral	____%	<input type="checkbox"/> Other:	____%
<input type="checkbox"/> Installment Loans	____%	TOTAL:	____%

Practice Areas

Please indicate what other areas of the law your firm handles and what percentage each contributes to the firm's overall revenue.

Practice Area	Percent	Practice Area	Percent	Practice Area	Percent
Administrative Law	____%	Defense Work	____%	Mergers & Acquisitions	____%
Antitrust	____%	Estate Planning & Trusts	____%	Personal Injury	____%
Banking	____%	Financial Services	____%	Probate	____%
Bankruptcy	____%	Foreclosure	____%	Real Estate	____%
Business Litigation	____%	Government	____%	Subrogation	____%
Collections	____%	Health Care	____%	Tax	____%
Construction Law	____%	Insurance	____%	Utility	____%
Corporate Law	____%	Intellectual Property	____%	Workers Compensation	____%
Creditor's Rights	____%	Malpractice	____%	Others	____%
Criminal	____%	Maritime Law	____%	TOTAL	____%

Standard Billing Rates

Please provide of a range of rates for hourly billing and standard rates for each category that applies:

Hourly Rates	Min	Max	Bankruptcy	CH 7	CH 13
Partner	\$	\$	Proof of Claim	\$	\$
Associate	\$	\$	Relief from Stay	\$	\$
Paralegal	\$	\$	Attendance	\$	\$
Other: _____	\$	\$	Reaffirmation	\$	\$
Flat Fee: Replevin	\$	\$	Plan Review	\$	\$

Claims & Coverage

In the past 12 months has the company:

	Yes/No	Explanation:
Been named as a Debtor in a bankruptcy proceeding		
Been named as a Defendant in a Class Action Suit		
Been notified by any State Attorney General of an investigation		
Been notified by the US Attorney General of an investigation		
Been notified by the FTC of an Enforcement Action		
Been notified of a CFPB Enforcement Action		
Had a judgment awarded against it in an FDCPA Claim		
Had any attorney license revoked or suspended		
Had a security breach which exposed consumer data		
Had an employee discharged due to fraud, dishonesty or theft		
Been denied insurance or had coverage revoked		

Insurance

Please provide the following information concerning your insurance coverages:

Type:	Insurer	Limits	Deductible	Exp. Date
Professional Liability/Malpractice				
(A) Combined Single Limit or Per Occurrence	<input type="checkbox"/>			
	<input type="checkbox"/>			
(B) General Aggregate				
Workers' Compensation				
Commercial General Liability				
(A) Combined Single Limit or Per Occurrence	<input type="checkbox"/>			
	<input type="checkbox"/>			
(B) General Aggregate				
(C) Fire Legal Liability				
(D) Medical Expense				
Automotive Liability				
Fidelity Theft/Employee Dishonesty				
Cyber				
Umbrella Coverage				

Administrative

Please provide Information requested:

Job Duties	Name	Title	Email	Start Date
Managing Partner				
Attorney Manager				
Chief Compliance Officers				
Marketing Manager				
Collections Manager				
Accounting Manager				
Computer/IT Manager				

Affiliations

Which trade associations is the company and/or its attorneys' members.

Association	Member Number	Date Joined	Association	Member Number	Date Joined
NARCA			IACC		
Commercial Law League			ACA		
State/Local Bar			RMA International		
American Bar Assoc.			Other: _____		

Collection Software

As to each program used by the company in working accounts for collection please provide the following:

	Name of Company	Program Name	Date Installed	No. Users	Version	Last Updated
Primary Collections Software						
Secondary Collections Software						
Document Management Program						
Call Monitoring System						
Letter Solution						
Other: _____						

References

Please list three client references for the company and/or its attorneys.

Client Name	Contact Name	Telephone Number	Email Address

Work Volume & Financial

For the company's top 5 collections clients please provide the following information:

Client Type*	Account Types	No. Active Accounts	Percent in Legal Stream	Average Monthly Placement	Average Balance of Accts	Percent of Firm's Revenue

*Client Type mean original creditor, debt buyer, forwarder, agency, etc.

	Prior Year	Current YTD
Gross Revenue*	\$	\$
Gross Revenue (Collections)	\$	\$
Total Number of Open Accounts in Inventory		
Total Number of Suits Filed		
Total Number of Judgments Obtained		
Total Number of Placements (Collections)		
Percent Placed Direct from Issuers	%	%
Percent Placed Direct from Debt Buyer	%	%
Percent Placed by Forwarded	%	%

*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.

Miscellaneous

	Answer
Is the limit of the company's debt facility to advance court costs of at least \$200,000	
Is the limit of the company's cash reserves to advance court costs of at least \$50,000	
In the last seven years has the company been a Debtor in bankruptcy	
Does the company report account activity to a credit reporting agency	
What percent of your current employees have been with the company for less than 3 years	
Do you plan to add any new staff within the next six months	
Excluding attorneys, what is the average tenure of your employees	
Does the firm plan to merge or acquire any other firms in the next six months	
What networks/forwarders place with the firm	
What else should we know about the firm	

Due Diligence

Please provide the name of the Primary Contact for this Application.

Primary Contact Name:		Title:
Primary Contact Email:		Primary Contact Phone #:

The Primary Contact will be the person who AACANet can contact to discuss this Application and assist AACANet with the due diligence process.

In addition to this Application AACANet due diligence will require:

- Completion of our New Firm Security and Governance Questionnaire
- Copies of your company data security policies
- Copies of your companies governance policies
- Proof of Professional Liability Insurance
- Site visit

Please provide the following with your response to this Application:

Financial Statements – Prior 2 years financial statements. Financials should be at least reviewed by an accountant and include at a minimum Balance Sheet, Income and Cash Flow Statements.

YTD Financial Reports – to include Balance Sheet and P&L.

Information Packets – any Company Brochures or Marketing Materials that are in use

Additional Sheets – any additional sheets needed to complete responses.

Acknowledgment

By signing this Network Attorney Application, the undersigned states that:

- The undersigned is authorized to sign on behalf of the company;
- The undersigned has reviewed the responses to this Application;
- That all responses are true and accurate;
- That all of company attorneys are duly licensed to practice law and in good standing with those states in which they practice unless indicated otherwise;
- That AACANet can rely upon the responses contained in this Application; and,
- That AACANet is authorized by company to verify the responses to this Application, make inquiries about the company to the references listed, undertake an investigation of the company through public records and to contact others within the industry concerning the ability and reputation of the company and its lawyers.

Signer's Name:		Title:
Signer's Email:		Signer's Phone #:
Company Name:		
Signature:		Date:

Please return to:
AACANet, Inc.