

YOUNG LAWYER SEMINAR
LAW OFFICE PRACTICES
Sponsored by the Young Lawyer Section of the
Southwest Louisiana Bar Association

Friday, November 7, 2008
14th JDC
Lake Charles, LA

LSBA CLE
7.0 Credit Hours including
1.0 hour Ethics
1.0 hour Professionalism
5.0 hours Law Office Practices

\$ 75.00 Young Lawyer Section Members (including NEW ATTORNEYS)
\$ 100.00 Non section members
\$ 35.00 by the hour

SCHEDULE

8:00 - 8:30 **REGISTRATION**

8:30 – 10:30 **HONORABLE H. LYNN JONES, JR. - 14TH JUDICIAL DISTRICT CLERK OF COURT**
What Every Young Lawyer Should Know About the Clerk's Office (or What Your Secretary and Runner Know That You Don't): A Guided tour of the Parish Court and the Clerk's Office will show you where to file different pleadings, how to get conformed and certified copies, how to check out suit records, how to get your pleadings in the judge's hand, and how to use the mortgage and conveyance records.

10:30 – 10:45 **Break**

10:45 – 11:45 **Ethics: RICHARD GERARD, JR. - SCOFIELD, GERARD, SINGLETARY & POHORELSKY**

11:45 – 12:45 **Lunch (on your own)**

12:45 – 1:45 **Law Office Management: ERIC K. BAREFIELD, Deputy Practice Assistance Counsel LSBA,**

1:45 – 2:45 **Professionalism: DAVID HANCHEY - THE HANCHEY LAW FIRM -**

2:45 – 3:00 **Break**

3:00 – 5:00 **Roundtable Discussion: Issues facing the Young Lawyer:**
THE HONORABLE D. KENT SAVOIE - CHIEF JUDGE, 14TH JDC
KENDRICK J. GUIDRY - PLAUCHE, SMITH & NIESET
President, Southwest Louisiana Bar Association
TBA

REGISTRATION

_____ \$ 75.00 Young Lawyer Section Members

_____ \$ 100.00 Non section members

_____ \$ 35.00 by the hour

IN ORDER THAT THERE MAY BE ADEQUATE HANDOUT MATERIALS
PLEASE PRE-REGISTER by Friday, October 31, 2008

Complete and return the form below with credit card information or check made payable to SWLBA - Young Lawyer Section and mail to Adel Murphy, Southwest Louisiana Bar Association, P. O. Box 191, Lake Charles, LA 70602; Fax (337)497-0089 or e-mail to swlbaexdir@fulair.com

NAME: _____ TELEPHONE NO.: _____

ADDRESS: _____ FAX NO.: _____

CITY, STATE, ZIP: _____

PAYMENT BY CREDIT CARD: _____ VISA _____ MASTERCARD

CREDIT CARD NO.: _____ EXP. DATE: _____

AUTHORIZED SIGNATURE: _____