

Bar Association of Lehigh County  
**Lawyer Referral Service**  
Referral Application

1. Name: \_\_\_\_\_

2. Street Address: \_\_\_\_\_

3. City, State and Zip: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

5. Please describe your legal need / Why you need a lawyer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any court hearing scheduled? Date \_\_\_\_\_ Time \_\_\_\_\_

7. Who is the opposing party in your case? \_\_\_\_\_

8. How did you hear about the Lawyer Referral Service? \_\_\_\_\_

**Payment:**

Visa / MasterCard / Discover / AMEX accepted.

Card #: \_\_\_\_\_ Exp Date: \_\_ / \_\_

Signature: \_\_\_\_\_

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**For LRS use only:**

Referred To: \_\_\_\_\_

Payment Processing Date: \_\_\_\_\_