

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: _____

For LRS use only:

Referred To: _____

Payment Processing Date: _____