



**ORANGE COUNTY BAR ASSOCIATION
LAWYER REFERRAL & INFORMATION SERVICE
ATTORNEY REQUEST FORM**

DATE: _____

TIME: _____

NAME OF PERSON (CLIENT) CALLING ATTORNEY (PRINT NAME):

CLIENT'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

BRIEFLY STATE CLIENT'S LEGAL ISSUE:

You are required to pay a NON-REFUNDABLE \$50 consultation fee BEFORE an attorney can be referred to your case. The \$50 provides up to a 30 minute or less consultation with the attorney. After the consultation, the attorney will discuss his/her fees should your case be continued.

All information will be kept strictly confidential. You will be contacted by phone with the attorney's name and phone number.

Alternatively, you can contact the Lawyer Referral & Information Service by calling 407-422-4537 or visit our website at www.orangecountybar.org.

I am the client or represent the client and accept these policies and procedures:

Signature: _____

(Fees are subject to change without notice.)

**YOU CAN PAY THE \$50 FEE WITH CASH, CREDIT CARD OR DEBIT CARD.
(Personal checks are not accepted.)
BRING THIS FORM WITH YOU WHEN YOU COME TO THE OCBA OFFICE.**