

Judicial and Lawyer Assistance Program

CONFIDENTIAL REFERRAL FORM

This form should be completed and forwarded to the Judicial and Lawyer Assistance Program Committee by email at NorthDakotaLAP@gmail.com or by mail to the Judicial and Lawyer Assistance Program Chair, c/o SBAND, P.O. Box 2136, Bismarck, ND 58502-2162

REFERRAL SOURCE (SELECT ONE):

- | | | |
|---|---|--|
| ☐ Inquiry Committee | ☐ Disciplinary Board | ☐ Supreme Court |
| ☐ Board of Law Examiners | ☐ Self-Referral | ☐ Colleague |

Attorney or Applicant Name

Mailing Address

City

State

Zip

Work

Home

Cell

If applicable, status of disciplinary matter: _____

If applicable, Case Number: _____

Briefly explain the basis for this referral

What are the expectations of JLAP participation?

Has the attorney or applicant been advised of this referral?

☐ Yes ☐ No

Is the attorney or applicant amenable to participate in the Lawyer Assistance Program

☐ Yes ☐ No ☐ Uncertain

Name

Date

Title

Organization

Email Form

Print Form