

ATLANTA BAR ASSOCIATION  
LAWYER REFERRAL & INFORMATION SERVICE

400 International Tower  
229 Peachtree Street, NE  
Atlanta, GA 30303-1601  
(404) 521-0777

*To be completed, signed by client, and mailed, along with the \$45 fee for the first 30-minute consultation, to the above address. Please have client sign this form before the initial consultation begins. **DO NOT CONTINUE UNLESS SIGNED AND FEE HAS BEEN PAID.***

Attorney's Name	Phone Number
Client's Name (Please Print)	Phone Number
Client's Address (Please fill out completely)	

**Please ask client to read, sign, and date the following:**

I have requested the Atlanta Bar Association Lawyer Referral & Information Service to refer an attorney to me and I understand the fee of \$45, if applicable, which I hereby pay to the service, is to help defray the cost of the service and entitles me to a 30-minute consultation with the above attorney.

I understand I am to make my own arrangements with the attorney regarding fees for additional services or consultations.

I understand and agree that the Atlanta Bar Association Lawyer Referral & Information Service, by introducing me to this attorney, is merely rendering a public service; that it makes no representation as to the fitness of the attorney, other than that the attorney has indicated he or she is a member of the State Bar of Georgia and has professional liability insurance; and that neither the Atlanta Bar Association nor the Atlanta Bar Association Lawyer Referral & Information Service shall have any responsibility or liability to me arising out of the introduction or the work or conduct of the attorney.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

***How were you referred to the Atlanta Bar Association? (Please list referral source below)***

\_\_\_\_\_  
(MARTA Ad, Radio, Google, Yahoo, Billboard, Other?)

***What type of legal matter are you seeking assistance for? (Please list below)***

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