

Lawyer Assistance Program

CONFIDENTIAL REFERRAL FORM

This form should be completed and forwarded to the Lawyer Assistance Program Committee by email at NorthDakotaLAP@gmail.com or by mail to 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 LAP 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