

Lawyer Referral Service Application Form

Please complete the following information. Mail with a check or money order for \$25.00 made payable to the Broome County Bar Association. Be sure to include the area in which you require a consultation. We will be unable to process your

Name: _____

Address: _____

Phone: _____

Area of law in which you need a referral? _____

Important information, including pending court dates and location: _____

Please return this form with your payment of \$25.00 to:

Broome County Bar Association
Lawyer Referral Service
19 Chenango Street
Suite 308
Binghamton, New York 13901

If you have questions regarding this form phone (607) 723-6331.