

LAWYER REFERRAL SERVICE APPLICATION FORM

Please complete the following information. Mail with a check or money order for \$35.00 made payable to the Broome County Bar Association. Be sure to completely fill out all areas of the form to ensure we are able to process your request in a timely manner.

Name: _____

Address: _____

Phone: _____

Please indicate the area of law in which you need a referral – or if you are unsure which area of law to ask for – please give a brief description of the issue:

Important information: Court dates and Court location: _____

Please return this form with your payment of \$35.00 to:

Broome County Bar Association
Lawyer Referral Service
53 Chenango Street Suite 201
Binghamton, NY 13901

If you have any questions regarding this form – please call (607) 723-6331.