HUDSON COUNTY BAR ASSOCIATION

Lawyer Referral Request
583 Newark Avenue,
Jersey City, New Jersey 07306
Phone: (201) 798- 2727 Fax: (201) 798-1740
E-mail: staff@hcbalaw.com
website: www.hcbalaw.com

Name:_____ Telephone:_____ Fax: _____

Address:_____

_____

Email:_____

Method of Payment : □ Money Order □ Credit Card
(We Accept VISA, Master Card & Discover)

Credit Card #: _____ Exp.:_____

Type of Case: _____

This will confirm that you have requested the Hudson County Bar Association Lawyer Referral "(SERVICE)" to provide you with the names of attorneys from the SERVICE's list of attorneys. In making this referral, the SERVICE makes no representation concerning the qualification of the attorneys to whom you are referred. You should feel free to seek such further biographical information regarding the attorney from the office of the attorneys to whom you have been referred. You agree that you have no claim against the SERVICE or any officer or agent thereof arising out of this referral.

You understand that you are obligated to pay a $25.00 ***non-refundable*** *review fee to the SERVICE for which you will be given the names of three (3) attorneys who participate in the SERVICE and who have experience in the area of law you require. The SERVICE cannot assure you that the attorneys will handle your case. You should call the attorneys for an interview. You are entitled to a consultation, as the matter requires with the attorney at no additional charge. Any fees for additional legal service will be arranged between yourself and the attorney at the time of the interview. The association takes no responsibility with respect to any dispute involving fees.*

SIGNATURE_____ DATE_____

(OFFICE USE ONLY)

Attorney #1

Attorney Name:_____Telephone:_____

Attorney Address: _____

Attorney #2

Attorney Name:_____Telephone:_____

Attorney Address: _____

Attorney #3

Attorney Name:_____Telephone:_____

Attorney Address: _____