

Percentage Fee Report Form

| Attorney Name: |
|---|
| Client Name: |
| Referral Date: Referral Number: |
| Percentage Fee Amount: \$ |
| Instructions: |
| |
| Please enter the information above as completely as you can. |
| If you do not know the referral number, please enter "Unknown". |
| If you do not know the complete referral date, please enter as much as you know, or "Unknown". |
| If you have any questions regarding this form, please call 800-354-6154, identify yourself as a member of the bar, and ask for Lawyer Referral Service. |
| Please return your check made payable to Alabama State Bar, along with this form, to: |
| Alabama State Bar Lawyer Referral Service 415 Dexter Avenue |
| Montgomery, AL 36104 |
| Thank you for your participation in the Lawyer Referral Service! |
| |
| FOR OFFICE USE ONLY: |
| Check Number: Date Received: |
| Name on Check: |