



Lawyer Referral Service 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: _____