

**Application Information**  
(Please Print)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_

How did you hear about the Lawyer Referral Service? \_\_\_\_\_

Briefly describe your legal problem: \_\_\_\_\_

Is there a court date or deadline involved in this matter? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, give the date: \_\_\_\_\_

Is there an opposing attorney in this matter? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, who? \_\_\_\_\_

Have you ever spoken with other attorneys about this matter? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, who? \_\_\_\_\_

Do you prefer to have your consultation with an attorney: by phone \_\_\_\_\_

in person \_\_\_\_\_

either \_\_\_\_\_

Please indicate the best time to call: AM \_\_\_\_\_ PM \_\_\_\_\_

**Send form to:**  
**LCBA/LRS**  
**242 South Eighth Street**  
**Lebanon, PA 17042**  
**or Fax to: (717) 273-3221**