



**SONOMA COUNTY
BAR ASSOCIATION**

111 Santa Rosa Avenue, Suite 222 Santa Rosa, CA 95404-4945

Phone: 707-542-1190 | Fax: 707-542-1195
www.sonomacountybar.org | info@sonomacountybar.org

LAWYER REFERRAL SERVICE INTAKE FORM

There is a \$50 Referral Fee For a Half Hour Consultation With an Attorney

If you do not speak English, please have someone call our office who speaks English and can interpret for you, so we can try and place your case. Call 707-546-5297

\$50 W Today's Date: _____
 check cash
 CC # _____ Exp. _____ CVV: _____ Zip: _____

Client Name: _____

Address: _____ City _____ Zip _____

Phone: (home) _____ (work) _____ (msg.) _____

Email: _____

Type: _____ Case Number: _____

County Case is In: _____

Upcoming hearings? _____ (See below for details)

Name of other party (if applicable): _____

Name of other party's attorney (if applicable): _____

Description of Case:

Opposing Attorney/Other attorneys involved: _____

Upcoming court date?: _____ Date _____ Time _____ Dept _____

Preferred appt. place/time: _____

How did caller hear of us? _____