

Lawyer Referral Service
 PO Box 429
 Colorado Springs, CO 80901
 (719) 636 – 1532

lrs@elpasocountybar.org
<http://www.elpasocountybar.org/lawyer-referral-service/>

LAWYER REFERRAL SERVICE INTAKE FORM

Name: _____
 Last First Middle or Maiden

Address: _____
 Number Street Suite City State Zip

Home Phone: _____ Work: _____ Cell: _____

E-mail address(es): _____

Brief description of legal issue/timeline of events:

Key Dates and brief explanation:

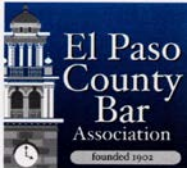
	Date	Explanation
First contact/issue		
Last contact/issue		
Other		
Other		
Other		

Are there other parties involved? (EX: friend, employer, neighbor, signor of a contract, doctor, hospital, insurer, etc., on either side of your issue)

Party _____ Relationship _____

Party _____ Relationship _____

Party _____ Relationship _____



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How were you referred to our service? (Google, KRCC, law firm, individual, etc.)

Any other relevant comments/notes