

Lawyer Referral Fax or Mail-in Form

(use this form if you prefer to fax or postal mail your request)

First Name: _____ Last Name: _____

Street Address: _____

City, State, Zip: _____

Daytime Phone: _____ Email: _____

Categories:

*Please circle the category that best represents your legal situation. If you're not sure which category best applies, please describe your problem in the **Additional Comments** section below.*

Not Sure	Antitrust	Appellate Work	Bankruptcy
Civil Rights / Discrimination	Consumer Affairs	Contracts - Commercial	Contracts - Construction or Home Improvement
Contracts - Debt Collection	Contracts - Employment	Contracts - Entertainment	Contracts - Insurance
Contracts - Lemon Law	Contracts - Other	Corporations, Partnerships, Small Business	Criminal - Misdemeanor
Criminal - Felony	DWI	Education	Environmental
Estates - Wills	Estates - Trusts/ Estate Planning	Estates - Probate	Estates - Elder Law
Family - Adoption	Family - Custody	Family - Child/ Spousal Support	Family - Name Change
Family - General Family Court	Family - Family Offense (Order of Protection)	Civil Cases	Immigration / Naturalization
Intellectual Property - Copyrights/Trademarks	Intellectual Property - Patents	International Law	Labor - General
Labor - Employment Discrimination	Labor - Wrongful Termination	Landlord/Tenant	Libel/Slander
Malpractice - Medical	Malpractice - Legal	Malpractice - Dental	Malpractice - Other
Mediation - Family	Mediation - Business	Mediation - Divorce	Medicaid - Payments
Mental Health	Military / Veteran's Rights	Negligence/ Personal Injury	Prisoner's Rights
Professional Licensing	Real Estate - Condos/ Homeowners Assn.	Real Estate - Limited Partnerships/ Joint Ventures	Real Estate - Sales/Purchase/ Refinance
Real Estate - Zoning/Variance	Real Estate - Other	Securities - Litigation (Stocks/Bonds)	Securities - Registration (Stocks/Bonds)
Sexual Harassment	Social Security Disability (SSD)	Social Security Income (SSI)	Social Security - Other
Tax / Taxation	Unemployment Hearings	Vehicle / Traffic	Workers' Compensation - State

Can you afford to hire an attorney (pay a reasonable fee)?

Yes No (please circle)

How would you prefer to receive your response?

Email Postal Mail Phone Call (please circle)

Additional Comments:

(If you need more space, continue on an extra page of paper.)

Once you have filled out this form, please send it by

fax:

315-471-0705

or

mail:

Onondaga County Bar Association
Lawyer Referral Service
1000 State Tower Building
Syracuse, NY 13202