

ONEIDA COUNTY BAR ASSOCIATION LAWYER REFERRAL APPLICATION FORM

Please complete the following information. Then mail or deliver this form with a check or money order in the amount of \$25.00 payable to the Oneida County Bar Association. Please fill out all areas below to ensure we are able to process your request in a timely manner. Once payment has been received, the Oneida County Bar Association will call you to provide the name of an attorney for you to call and schedule an appointment for consultation.

NAME: _____

ADDRESS: _____

PHONE: _____

E-Mail: _____

Give a brief description of your legal matter and indicate the area(s) of law that may be involved (if you know):

Important! Provide also any Court dates and locations:

Mail or deliver this form and your payment of \$25.00 to:

**Oneida County Bar Association
258 Genesee Street, Suite 302
Utica, New York 13502**