

New Haven County Bar Association

Lawyer Referral Service

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Lawyer Referral Service
of the

NEW HAVEN COUNTY BAR ASSOCIATION

“Ask A Lawyer” - Legal Consultation Clinic

Please Print Legibly

Participant Name: _____

Participant Address: _____

Daytime Telephone: _____

Email address: _____

PARTICIPATION AGREEMENT

Dear Participant,

The New Haven County Bar Association is pleased that you have chosen to participate in its free legal consultation clinic.

The purpose of this program is to provide you, the participant, with general legal information on topics of concern to you, and to provide you with referrals to legal services agencies or other agencies if you require further help.

Please be aware that we are not providing individual legal representation to you, and therefore we are not serving as your “lawyer”. There is no lawyer-client relationship that results from your participation in this meeting.

If you are referred to a private attorney, that attorney will charge for his/her services and may require a retainer fee.

Read and acknowledged on _____, _____.

Signature of Participant

How did you learn of this ASK A LAWYER event?

Printed Name of Attorney-Volunteer

Attorney’s Brief Description of Legal Issue

Referral Necessary? YES NO

If yes, would Attorney-Volunteer like this referral? YES NO

Clinic Location: _____

For LRS Office Use

Referred to Attorney: _____ Case #: _____