

**Atlanta Bar Association  
Lawyer Referral and Information Service**

**Client Acknowledgement of Disclosure Policy**

In accordance with reporting requirements of the Atlanta Bar Association Lawyer Referral and Information Service (“LRIS”), I acknowledge that my attorney, \_\_\_\_\_, may be required to release and report to the LRIS Attorney’s Name pertinent information involving my case, such as its current status and the amount of attorneys fees paid.

It is my understanding that no information protected by the attorney-client privilege will be revealed.

I acknowledge that the LRIS disclosure policy has been explained to me, that my questions have been answered and that I understand the LRIS disclosure policy.

\_\_\_\_\_  
LRIS Client signature

\_\_\_\_\_  
Date