

 **FAIRFAX BAR**  
ASSOCIATION  
**LAWYER REFERRAL SERVICE**

**ACKNOWLEDGEMENT OF UNDERSTANDING**

Pursuant to the reporting requirements set forth by the Fairfax Bar Lawyer Referral Service (LRS), I understand and acknowledge that my attorney, \_\_\_\_\_ may be required to release and report to the Fairfax Bar Association and/or Fairfax Bar Association Lawyer Referral Service, any fee information regarding my case. This information may include the current status of my case (i.e., whether case remains open or has been closed by the attorney's office) and the amount of the attorney fees earned and collected on my case. I further acknowledge that by signing this form, this disclosure policy has been fully explained to me and that all of my questions have been answered regarding this policy.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name (Printed)

Pursuant to the requirements and regulations of the Fairfax Bar Association Lawyer Referral Service, I hereby understand and agree that I cannot and will not increase the attorney fee collected from the above named client to offset or recover the percentage fee I am required to remit to the Fairfax Bar Association Lawyer Referral Service.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney's Name (Printed)