



### Lawyer Referral Service (Optional)

Must be submitted annually and each section must be completed in full.

#### AREA OF PRACTICE LISTINGS:

Please check two (2) of the boxes listed below for the \$50.00 fee. Each additional area of practice checked is an extra \$25.00.

- |  |   |
|--|---|
| Adoption                                 | Franchise                                     |
| Alternative Dispute Resolution/Mediation | Home Owners Assoc./Condo Associations         |
| Appeals/Criminal and Civil               | Immigration Law                               |
| Auto Consumer                            | Insurance Law                                 |
| Bankruptcy and Debtor Relief             | Landlord/Tenant                               |
| Business Litigation                      | Medical Malpractice                           |
| Civil (General)                          | Military Law                                  |
| Civil Defense                            | Personal Injury/Auto Accidents/Wrongful Death |
| Civil Rights                             | Probate                                       |
| Collections                              | Probate Dispute                               |
| Consumer                                 | Product Liability                             |
| Contracts                                | Real Estate Dispute                           |
| Criminal Law/DUI/Traffic/Juvenile        | Real Estate/Foreclosure/Zoning                |
| Construction Law                         | Social Security                               |
| Divorce/Family Law/Child Custody         | Disability                                    |
| Education Law                            | Trademark/Patents/Intellectual Property       |
| Elder Law                                | Tax Law                                       |
| Employment/Employment Discrimination/    | Veteran's Law                                 |
| Unemployment Appeals                     | Wills/Estates/Probate                         |
| Environmental Law                        | Worker's Compensation                         |
|  | Zoning  |

Other/clarification:

**Insurance Certification:** I hereby certify that I am covered by an Errors and Omissions Policy of Insurance with limits of not less than \$100,000.00/\$300,000.00

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Name of Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Renewal Date \_\_\_\_\_ Company Limits \_\_\_\_\_  
 Other languages \_\_\_\_\_

I have read and agree to abide by the rules of the Cobb County Bar Association and Lawyer Referral Service. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Payment Type**      Credit Card      Check payable to Cobb County Bar Association

Cardholder Name \_\_\_\_\_ Billing Address \_\_\_\_\_  
 Amex    Mastercard    Visa    Discover    Billing Zip Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_

Mail or fax application and payment to:

**Cobb County Bar Association** 70 Haynes Street, Suite 2006 Marietta, GA 30090 770-424-2947, Fax 770-424-6299