



GLOBAL ADVERTISING LAWYERS ALLIANCE

WORK REFERRAL FORM

REFERRING ATTORNEY:

REFERRING FIRM:

RECEIVING ATTORNEY

RECEIVING FIRM:

CLIENT

**(NAME OR CATEGORY OF
BUSINESS):**

INSTRUCTIONS:

BILLING ARRANGEMENT

RETAINER

HOURLY

FIXED RATE

CLIENT BUDGET

\$

BILLING:

REFERRING FIRM

CLIENT

**COMMUNICATION TO BE HAD
WITH:**

REFERRING FIRM

CLIENT

RESPONSE NEEDED BY:

INSERT DATE & TIME

COMPLETED WORK BY:

INSERT DATE & TIME

INVOICE BY:

INSERT DATE