



WILLIAM J. BARABINO
ATTORNEY & COUNSELOR AT LAW

Attorney Referral Form

Attorney Information

Your Name: _____

Firm Name: _____

Phone Number: _____

Email Address: _____

Client Referral Information

Client's Name: _____

Client's Phone Number: _____

Criminal Charge(s): _____

Additional Information:

Please fax completed form to: 781-393-5901

Or email a scanned copy to: Bill@williambarabino.com

Or mail a copy to: Law Office of William J. Barabino, 92 High Street DH9,
Medford MA, 02155

Attorney Barabino appreciates your consideration and will issue a 10% referral fee upon conclusion of case. Thank you.

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