

Stuart Showalter, LLC
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Attorney Referral Questionnaire

Attorney # _____ Date form completed ____/____/____

Name _____

Business Address _____

City _____ ST _____ Zip _____ - _____

Phone _____

e-mail _____

Counties of Practice _____

Please check the following areas of practice in which you specialize.

- | | | |
|--|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Adoption: Implied Consent | <input type="checkbox"/> Child Custody: Divorce |
| <input type="checkbox"/> Child Custody: Mediation | <input type="checkbox"/> Child Custody: Paternity | <input type="checkbox"/> Child Support: Divorce |
| <input type="checkbox"/> Child Support: Modification | <input type="checkbox"/> Child Support: Paternity | <input type="checkbox"/> CHiNS |
| <input type="checkbox"/> Juvenile: Delinquency | <input type="checkbox"/> Juvenile: Guardianship | <input type="checkbox"/> TPR |
| <input type="checkbox"/> Other _____ | | |

Please list any judges that you are particularly *comfortable* standing before:

Please list any judges that you are particularly *uncomfortable* standing before:

- I am willing to work in a limited scope representation capacity.
- I prefer only to work in a complete representation capacity as an attorney of record.
- I prefer to resolve the issues outside of court.

My hourly rate for clients that Stuart Showalter brings to me - \$ _____

Additional comments _____
