



**BRADY LAW GROUP**  
EASY REFERRAL FORM

REFERRING ATTORNEY INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Paralegal/Assistant Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Client Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ SOL Date: \_\_\_\_\_ Upcoming Date(s): \_\_\_\_\_

Description of Accident:

Injuries:

Questions/Problems/Issues:

Other Notes:

*Please email completed form with pertinent documents to [referrals@bradylawgroup.com](mailto:referrals@bradylawgroup.com)*