

ATTORNEY REFERRAL OR REPRESENTATION AFFIDAVIT

I, _____, hereby attest that I am signing in the capacity of one of the following:

Referral from a Private Attorney for _____ (Defendant)
pertaining to criminal case number _____

Private defense Attorney for _____ (Defendant)
pertaining to criminal case number _____

Name: _____

Firm: _____

Address: _____

Phone: _____

Signed: _____ Date: _____

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