

Attorney Referral Form

A. Information about your client:

Name: _____

Address: _____

Telephone: _____ Email: _____

B. Attorney Information

Name of Attorney: _____ Firm: _____

Address: _____

Telephone: _____ Email: _____ Fax: _____

C. Information about the referral:

Purpose for the evaluation: review prior years for potential errors

assist client to claim prior year refunds

Do you want to have client consider assigning partial refund for payment of your legal fees?

yes no

If so, then how much? _____

Client Release of Information

I, _____ hereby authorize my immigration lawyer listed above to release my tax records and to communicate with the Rock Law Group, PLC, about my financial and tax matters. In addition, I understand that the Rock Law Group, PLC and my immigration lawyers listed above are independent counsel and are not sharing fees. I understand that the Rock Law Group, PLC, will not be involved with or held responsible in any way for my immigration case, and my immigration lawyer above will not be involved with or held responsible for the preparation of my tax returns or representation before the IRS. I also authorize Rock Law Group, PLC to communicate the amount of refunds I am expected to receive to said immigration counsel.

Signature:

Date: _____

Rock Law Group, PLC
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