

Legal Client Testimonial and Referral Consent Form

Please review and complete this form to grant permission for the law firm to use your testimonial and/or contact information for future client referrals. This form is designed for physical printing and manual completion.

1. Client Information

Full Name:

Email Address:

Phone Number:

Legal Matter / Case Reference:

2. Testimonial Consent

Please write "YES" or "NO" to indicate your consent for the firm to publish your testimonial on our website, social media, and marketing materials:

I consent to the publication of my testimonial:

How would you like your name to be displayed? (e.g., "John Smith", "John S.", or "Anonymous"):

Preferred Attribution Name:

Write your testimonial statement below:

Testimonial:

3. Referral Consent

Please write "YES" or "NO" to indicate if prospective clients may contact you directly to ask about your experience with our firm:

I consent to be contacted as a referral:

If yes, please state your preferred contact method (e.g., "Email Only" or "Phone Only"):

Preferred Contact Method:

4. Acknowledgment and Signature

By signing below, I acknowledge that I provide this consent voluntarily and that I can revoke this consent at any time by submitting a written request to the law firm.

Client Signature (Type or Sign):

Date: