

**State Bar Association of North Dakota
Lawyer Assistance Program Confidential Referral Form**

*This form should be completed by the committee chair or presiding member of the referring entity,
and forwarded to the Lawyer Assistance Program Chair, c/o SBAND, P.O. Box 2136, Bismarck,
ND 58502-2162.*

Referral source (select one)

- Inquiry Committee Disciplinary Board Supreme Court
 Board of Law Examiners Self-Referral

Case Number (if applicable) _____

Attorney or applicant name: _____

Mailing address: _____

Telephone: Work: _____ Home: _____ Cell: _____

Status of disciplinary matter: _____

Briefly explain the basis for this referral: _____

What are the expectations of LAP participation? _____

Has the attorney or applicant been advised of this referral? Yes No

Is the attorney or applicant amenable to participation in the Lawyer Assistance Program?

- Yes No Uncertain

Date: _____

Name: _____

Title: _____