



## ACKNOWLEDGEMENT OF UNDERSTANDING

Pursuant to the reporting requirements set forth by the Supreme Court of Ohio for Lawyer Referral and Information Services, I understand and acknowledge that my attorney may be required to release and report to the Akron Bar Association and/or the Lawyer Referral Service information regarding my case. This information may include, but may not be limited to, the current status of my case and the amount of the attorney fees earned on my case. I further acknowledge that by signing this form, this disclosure policy has been fully explained to me and that all of my questions have been answered regarding this policy.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pursuant to the requirements and regulations of the Akron Bar Association Lawyer Referral Service, I hereby understand and agree that I cannot and will not increase the attorney fee collected from the client to offset or recover the percentage fee I am required to remit to the Akron Bar Association.

Attorney's Signature: \_\_\_\_\_ Date: \_\_\_\_\_