



Attorney Reference Form

This page and questions 1-4 should be filled out by the ATTORNEY applying for membership with TIDA.

Reference Full Name: _____

Reference Company Name: _____

Reference City and State: _____

Reference Email: _____

Reference Phone Number: _____

1. Types of trucking cases you are handling:

☐ Trucking Liability

☐ Cargo

☐ Trucking Coverage

☐ Trucking Worker's Compensation

☐ Other (please specify): _____

2. Number of active trucking cases with this reference: _____

3. Number of closed trucking cases handled in the past 24 months with this reference: _____

4. What percentage of your overall practice is generated for this reference (in percent %)? _____

**This page and questions 1-4 should be completed
and signed by the REFERENCE:**

1. How many years have you handled cases with this attorney? _____

2. On average, how many cases per year do you send to this attorney? _____

3. Of those OPEN cases, please list the number by each case type:

#____Trucking Cases

#____Cargo Cases

#____Coverage Cases

#____Worker's Compensation

4. How would you characterize the way in which this attorney handles your cases?

5. Would you use this attorney again? ☐ Yes ☐ No

6. Would you recommend this attorney for membership in TIDA? ☐ Yes ☐ No

Reference Signature:

Date: