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VTACDL Website Referral Current VTACDL Members Only

Name:

Name of Law Firm:

Address:

Phone:

Email:

Website:

Vermont counties in which you practice (limit to three)

1. _____ 2. _____ 3. _____

Another primary area of practice (in addition to criminal defense)

1. _____

Other states in which you are licensed to practice law:

Thank you very much!

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