

Ghost Writers for Attorneys Specific Project Request Form

| Law Firm: | | |
|---------------|--|--|
| Phone | | |
| Email | | |
| Owners Name | | |
| Contact Name | | |
| | | |
| Field of Law: | | |

| Date submitted | Description | Due Date |
|-------------------|-------------|----------|
| | | |
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| | | |

Project accepted date and signature: