

Georgia Association of Criminal Defense Lawyers

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LAWYER'S ASSISTANT IN-TAKE SHEET

Name: _____ Date of Birth: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Georgia Bar No: _____

Home Phone: _____ Business Phone: _____

Firm Name: _____ Address: _____

Nature of Contempt Action:

Please List any Prior Contempt Actions:

Please give your version of the facts:

Style of actions pending against you: _____

Judge: _____

Please check if action is State Superior Court

Date of contempt Hearing: _____