



Georgia Association of Criminal Defense Lawyers

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LAWYER'S ASSISTANCE INTAKE SHEET

Name: _____ Date of Birth: _____

Address: _____ City: _____

State: ____ Zip code: _____ Georgia Bar No: _____

Business Phone: _____ Mobile Phone: _____

Firm Name: _____

Address (if different than above): _____

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 in _____ State; _____ Superior; _____ Other Court

Date of scheduled contempt hearing: _____

The undersigned agrees to hold harmless the Georgia Association of Criminal Defense Lawyers (GACDL) and the officers, employees, and agents of the GACDL against any and all claims, demands, causes of action, damages, costs and liabilities, in law or in equity, of every kind and nature whatsoever, directly or indirectly resulting from or caused by GACDL's representation of the undersigned.

Signature

Date