



State Bar of Georgia

CONSUMER ASSISTANCE PROGRAM INTAKE FORM CONFIDENTIAL

DATE: _____

YOUR NAME: _____

MAILING ADDRESS: _____

Street or P.O. Box City State Zip

YOUR PHONE NUMBERS: (H) _____ (W) _____

THE BEST TIME TO CALL: (H) _____ (W) _____

NAME OF THE ATTORNEY: _____

Fill out a separate form for each attorney. **Do not list law firms.**

REFERRED BY: _____

PROBLEM WITH ATTORNEY: _____

The Consumer Assistance Program (CAP) is designed to improve communications between lawyers and their clients by seeking to resolve minor problems which do not rise to the level of a serious violation. All initial inquiries about attorneys are routed to CAP.

Please note the State Bar is prohibited from intervening in cases, interpreting rules or laws, giving legal advice and cannot review a legal decision made by a court. The State Bar also does not have jurisdiction over judges, police or court personnel.

Please mail or fax this form to: Consumer Assistance Program, State Bar of Georgia, 104 Marietta Street, Suite 100, Atlanta, GA 30303, fax (404)527-8717. If you would like to speak to someone in Consumer Assistance, call (404) 527-8759 or (800) 334-6865, ext 759.