



**State Bar of Georgia Legal Assistance to Military Program**

Thank you for contacting the Military Legal Assistance Program of the State Bar of Georgia. We will make our best efforts to connect you with a private attorney who will provide you with pro bono (free) or reduced-fee legal help for your legal problem. You *may* be eligible for pro bono legal help if your military pay grade is E5 or below, or it may be on a reduced-fee basis.

This letter explains our services and what you can expect after we connect you with a lawyer. **This is also notice to you that the Military Legal Assistance Program of the State Bar of Georgia is not your lawyer. We are not responsible for how your case is handled by any lawyer.**

**The Program will attempt to connect you with free or reduced-fee legal help.** We accept requests from throughout the State of Georgia for legal problems or matters that state or federal courts may handle. We are a service designed to connect veterans and service member. We do not, however, provide any legal advice or representation.

**We may not be able to find you an attorney.** Because we rely on attorneys to volunteer their time for free or on a reduced-fee basis, we may not be able to find an available, willing attorney to take your case. This may be true if your case is contested, particularly difficult, or based in a rural area far from an urban area. We will make our best efforts to locate an attorney for you. Usually we seek to provide you with the names of two attorneys for you to contact and interview. We may give you additional names of attorneys in unusual circumstances.

**You are not required to use the attorney(s) to whom you are referred.** It is up to you to decide whether you want to use the attorney we provide to you. We do not rate or recommend attorneys. The attorney we connect you with is an active member in good standing of the State Bar of Georgia. If you have any questions about the attorney's membership status, please contact the Membership Department at 404/527-8777. What we know about the attorneys who register to take part in this Program is that they have reported to us that they are qualified and licensed to practice in the State of Georgia. You should always exercise the same caution you would use if you had found an attorney on your own.

**We will protect confidential information concerning your case.** You may give us private information about yourself and your legal problem. We will treat this limited information with sensitivity and strict confidentiality. We will disclose it only after your consent so that we can seek to locate an attorney who may be willing to take your case. However, those discussions

(OVER)

**HEADQUARTERS**

104 Marietta Street, Suite 100  
Atlanta, Georgia 30303  
(404) 527-8700 ■ (800) 334-6865  
FAX (404) 527-8717  
www.gabar.org

**SOUTH GEORGIA OFFICE**

244 E. Second Street (Zip 31794)  
P.O. Box 1390  
Tifton, Georgia 31793-1390  
(229) 387-0446 ■ (800) 330-0446  
FAX (229) 382-7435

**COASTAL GEORGIA OFFICE**

18 E. Bay Street  
Savannah, Georgia 31401-1225  
(912) 239-9910 ■ (877) 239-9910  
FAX (912) 239-9970

**State Bar of Georgia Military Legal Assistance Program  
Services Agreement**

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may be subject to disclosure in the event of a lawsuit for them. For that reason you should reserve all details and other important information about your matter for discussion with your attorney.

**What you need to do:** Please sign, date, and return a copy of this letter to me right away. You are welcome to contact me with any questions or concerns you may have about this letter or about our program. Return this form by email, by fax, or by first-class mail to my attention. I will begin a search for your attorney only after I receive this signed letter. My contact information is below.

Sincerely,

Norman E. Zoller, Coordinating Attorney (404/527-8765; <[normanz@gabar.org](mailto:normanz@gabar.org)>)

**APPLICANT ACKNOWLEDGEMENT:** I have read and understand the above information concerning my participation in the State Bar of Georgia's Military Legal Assistance Program. I consent to the terms described above.

I authorize you to make your best efforts to match me with a lawyer who can help me with a service member or veterans benefits matter.

SIGN YOUR NAME: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_  
PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Sworn to and subscribed before me:

this \_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Notary Public

County of \_\_\_\_\_, State of \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**OR**

\_\_\_\_\_  
Military Commissioned Officer  
Rank: \_\_\_\_\_