



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 match 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 (free) legal help if your military pay grade is E5 or below.

This letter explains our services and what you can expect after we refer you to 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 refer you for free or reduced-fee legal help.** We accept legal problems or matters that Georgia courts may handle. We do not provide any legal advice or representation; the pro bono or reduced-fee lawyer may provide you with legal advice or representation. If we match you with a free or reduced-fee lawyer, you may still have court costs and filing fees. Your lawyer will explain these fees if they apply in your situation.

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.

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. The attorney we match 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 at any time, please contact the Membership Department at 404/527-8777 or view your lawyer's profile in the State Bar's online Membership directory at www.gabar.org.

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.

(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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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.

Continuing Eligibility: This program is available for active duty service members, reservists and National Guard members at pay grade E5 and below, for military retirees and 100% service connected veterans facing a financial hardship, and for veterans seeking assistance related to a service-connected disability. A financial hardship is presumed for house-holds with a combined income of at or less than 200% of the Federal Poverty Level for their family. The spouse of a person eligible for this program may also be eligible under the program if the interests of the service member or veteran and the spouse are aligned. If your situation changes that would affect the eligibility criteria, it is your responsibility to inform the attorney, if any, assisting you with your case.

Sincerely,

M. Christopher Pitts, Director (404/527-8765; <MLAP@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 claim for _____

_____.

SIGN YOUR NAME: _____ CONTACT PHONE # _____.

PRINT YOUR NAME: _____

Applicant for Legal Assistance Referral

DATE: _____