



State Bar of Georgia Military Legal Assistance 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 referrals from throughout the state of Georgia for legal problems or matters that Georgia courts or certain federal agencies may handle. We are a referral service. We do not 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 one or 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 match you with is an active member in good standing of the State Bar of Georgia, or if and as appropriate a VA-accredited lawyer. 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 and/or accredited to practice before the VA, as appropriate. 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 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.

HEADQUARTERS

104 Marietta St. NW, Suite 100
Atlanta, GA 30303-2743
404-527-8700 · 800-334-6865
Fax 404-527-8717
www.gabar.org

COASTAL GEORGIA OFFICE

18 E. Bay St.
Savannah, GA 31401-9910
912-239-9910 · 877-239-9910
Fax 912-239-9970

SOUTH GEORGIA OFFICE

244 E. 2nd St. (31794)
P.O. Box 1390
Tifton, GA 31793-1390
229-387-0446 · 800-330-0446
Fax 229-382-7435

**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 for by email to normanz@gabar.org, by fax to 404-287-4971 or by first-class mail to:

Military Legal Assistance Program
Attn: Norman E. Zoller
104 Marietta St. NW, Suite 100
Atlanta, GA 30303

I will begin a search for your attorney only after I receive this signed letter.

Sincerely,
Norman E. Zoller
Coordinating Attorney
404-527-8765
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. My legal problem is: _____

_____ .

Signature

Printed Name

Date

Contact Phone Number

Sworn to and subscribed before me
this _____ day of _____, 201__.

Notary Public

OR

Military Commissioned Officer