

GEORGIA LEGAL SERVICES PROGRAM

TO: Georgia Legal Services
705 Washington Street, N.W., Suite B-1
P.O. Box 1337
Gainesville, GA 30503
770-535-6939 (or for clients: 770-535-5717 or 800-745-5717)

FAX 770-531-6011

RE: GENERAL REFERRAL

NAME OF CLIENT: _____

CLIENT'S CURRENT FULL ADDRESS: _____

CLIENT'S TELEPHONE NUMBER(S): _____

NAME AND BIRTHDATE OF ADVERSE PARTY: _____

PERTINENT INFORMATION OR FACTS RELATED TO CLIENT'S LEGAL PROBLEM:

IF THE CLIENT HAS BEEN SUED, GIVE DATE OF SERVICE AND ANY HEARING DATE: __

REFERRING AGENCY: _____

TELEPHONE NUMBER: _____

CONTACT PERSON: _____

EMAIL: _____

DATE REFERRAL MADE: _____