

Court of Appeals of Georgia
330 Capitol Avenue S.E. • Suite 1601, Atlanta, Georgia 30334
REMOTE ADMISSION APPLICATION

Bar Number: _____ Date Admitted to State Bar: _____

To the Honorable Court of Appeals of Georgia

The petitioner, having been regularly admitted and licensed to practice law in the superior courts of this State, and being a member in good standing of the State Bar of Georgia, respectfully applies for admission to the bar of this Court.

Salutation: _____ First Name: _____ Middle Name: _____

Last Name: _____ Suffix: _____

Signature: _____

Firm or Agency: _____

Mailing Address (Business address preferred):

Telephone Number _____

E-mail Address _____

***The Remote Admission Application must contain applicant's original signature on this form and be mailed to the address above within 2 weeks.**

Sponsor Certification

We hereby certify that we are members of the bar of the Court of Appeals of Georgia, that we know the above applicant personally and that her/his private and professional character is good.

Bar Number: _____ Printed Name: _____

Signature: _____

Bar Number: _____ Printed Name: _____

Signature: _____

FOR CLERK'S OFFICE USE ONLY

Date of Admission: _____

Admission by: Clerk _____ via phone Paid \$30.00 Admission Application Fee