CJA Panel Appointment Request

Name:	
Firm Name:	
Address:	
Telephone:	
Email:	
GA Bar Number:	
Date and place admitted to SDGA:	
Divisions in which you would like to re	eceive appointments:
Augusta	Savannah
Dublin	Brunswick
Statesboro	Waycross
Any background information you would Court (experience, types of cases, etc.	ld like to include which may be helpful to the):
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Please return this form to Courtnay Capps at courtnay_capps@gas.uscourts.gov