
DeKalb County Superior Court
Family Law Information Center
Attorney Resource Form

Date: _____

General Information (please type or print clearly):

Name: _____

Name of Firm: _____

Address: _____

E-mail Address: _____

Hours of Operation: _____

Telephone: _____ Fax number: _____

Language (s) Spoken: _____

Professional Liability Insurance: Yes No

Fee Information

Initial Consultation: _____ Hourly Rates: _____

Preferred Forms of Payment: _____

Are Flat Rates Available? Yes No
If yes, for what services? _____

Practice & Experience

Length of Time Practicing Family Law: _____ Percentage of Practice which is Family Law: _____%

Law School: _____ Date of Graduation: _____

Number of Years Licensed and in Good Standing with the State Bar of Georgia: _____

Other States where Licensed to Practice: _____

Services:

Types of Cases Accepted: _____

Other areas of Practice _____ No. of lawyers in firm _____

Willing to Provide Specific, Limited Services, such as: Review Settlement Agreement
Draft Settlement Agreement Draft QDRO Other: _____

Note: This is not a referral service. This information will be available to any center visitor who may wish to contract the services of an attorney. Center staff will not advise center visitors on how to select an attorney or which attorney to select. Your support of the DeKalb County Family Law Information Center is greatly appreciated.