Application for Special Master

(Please print or type)			
FULL NAME:			
BUSINESS ADDRESS:			
MAILING ADDRESS: (if different)			
HOME TELEPHONE:		_	
OFFICE TELEPHONE:		FAX #:	
SOCIAL SECURITY #:			
FORMAL EDUCATION			
<u>SCHOOL</u> GRADU	UAT	ION DATE	<u>DEGREE</u>
DATE ENTERED LAW PRAC	TICE.		
STATE BAR NUMBER:			
COUNTY OF ADMISSION:			
HAVE YOU HAD AT LEAST 3 YEARS OF LAW PRACTICE?			
WHAT TYPE(S) OF LAW DO YOU/ HAVE YOU PRACTICE(D)?			
SPECIALTY (Circle One): P	ROPERTY	BUSINESS	GENERAL
0	THER		

TRAINING

Have you served as a referee?

Have you served as an arbitrator?

Have you ever been subject to any disciplinary action professionally? Yes No (If yes, please explain on a separate sheet of paper.)

Have you ever been charged or convicted with a felony or misdemeanor other than traffic offenses? Yes ____ No _ (If yes, please explain on a separate sheet of paper.)

I, _____, certify that the information supplied on this application is correct. I understand that all information herein is subject to verification.

Signature of Applicant

Date

Notary Public Sworn and subscribed before me This _____day of ______, 2012 Notary Public, _____County , 2012 My commission expires:

*** To satisfy the Special Master qualification of "Good Standing," a current letter of certification of good standing and membership must be issued to the Special Master office by the Georgia State Bar Association.

To obtain a letter of good standing from the Georgia State Bar Association, you must make a written request to:

State Bar of Georgia 104 Marietta Street, Suite 100 Georgia 30303 Atlanta, Membership Dept. ATTN:

Request that the letter be sent directly to the Superior Court Administration-Special Master Program at the address below ***

Special	Master Program
Superior	Court Administration
	70 Haynes Street, Suite 2029
Marietta,	Georgia 30090-9642
ATTN:	Lisa Chao