

Court of Appeals of Georgia

ADMISSION APPLICATION

Bar Number: _____ Date Admitted to State Bar: _____
Month/Day/Year

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. **Attorneys must register in the Court of Appeals EFAST system after being admitted.**

Last Name: _____ First Name: _____ Middle Name: _____

Signature: _____

Firm or Agency: _____

Mailing Address (Business address preferred):

Telephone Number _____

E-mail Address _____

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 _____ Judge _____ Other _____