



Georgia Department of Corrections
Court Services:
Legal Conference Request



REQUEST INFORMATION:

Offender's Name:	<input type="text"/>	GDC #:	<input type="text"/>
Facility:	<input type="text"/>		
Court information:	____ Court of ____ County	Case No:	<input type="text"/>

ATTORNEY'S INFORMATION:

Attorney's Name:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	Bar #:	<input type="text"/>
State of Membership:	<input type="text"/>		

CONFERENCE INFORMATION:

Date:	<input type="text"/>	Time:	<input type="text"/>
Type of Request:	TELEPHONE: _____		
(please check one):	VIDEO: _____		

***If requesting a Video Conference, please provide a reason why the Legal Conference cannot be handled by phone:

For Video Conference:

Will be conducted by:	Webex: _____
Please mark which platform	Zoom: _____

Meeting Number:	<input type="text"/>
Password:	<input type="text"/>

PURPOSE OF LEGAL CONFERENCE:
(Check One)

- _____ The offender has an attorney-client relationship with me.
- _____ The offender is attempting to establish an attorney-client relationship with me.
- _____ Other (explain):