

**OFFICE OF THE DISTRICT ATTORNEY
MIDDLE JUDICIAL CIRCUIT**

**Tripp Fitzner
District Attorney**

**Post Office Drawer 590
Swainsboro, Georgia 30401**

SERVICE PROVIDER INFORMATION SHEET

Legal Name: _____

Primary Contact: _____ **Phone:** _____

Email Address: _____

Physical Address of Service Provider: _____

City: _____ **County:** _____ **Zip:** _____

Is this a Faith Based organization? Y/N Is this a Not-For Profit organization? Y/N

Please indicate the number of individuals you would consider supervising: _____

Please indicate below the services your organization can provide:

Print Name

Signature and Date