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Sliding Scales of Justice Program

Before you can be referred to a Sliding Scale of Justice lawyer you must apply and be pre-qualified. To apply, you must complete the application form and return it to us by fax, mail, or email at dmaalaw@gmail.com (PDFs ONLY). You can call the number listed above with any questions or concerns about the application. **There is a \$50 nonrefundable application fee.**

Eligibility is based on the type and location of your legal matter, your income, and the availability of participating lawyers in your area. Additionally, your legal matter must be in the Atlanta Metropolitan area. The exact fee will be determined by your income and your charges, and all fees are quoted at a flat rate fee for municipal representation. There are no hourly bills, hidden costs, or per court appearance rates.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date of Incident: _____ City of Incident.: _____ DOB: _____

Case or Citation
 Number (s): _____

Criminal Law (In Municipal and/or Magistrate Court Only)

- Other Misdemeanor
- Traffic Citations
- DUI

In which city do you need assistance in?	
When is your next court date?	
When was your last court date? (If applicable)	

Household Income

A household consists of people who live in your home at least 50% of the time.

How many people live in your household including you? _____ Adults _____ Children

A list of your monthly household expenses for all adults living in your home? (i.e. rent/mortgage, groceries, utilities, etc.)

Marital Status: ___ Unmarried/Widowed ___ Married ___ Separated ___ Divorced

If married, do you and your spouse live in the same household? ___ Yes ___ No

Your Income: \$ _____ week/ bi-weekly/ month/ year (circle one)

Job Title: _____

Length of employment: _____

Partner's Income: \$ _____ week/ bi-weekly/ month/ year (circle one)

Job Title: _____

Length of employment: _____

Do you rent or own the home in which you are living? ___ Rent ___ Own

How long have you resided at the above address? _____

I understand that I will be assessed an application fee and any applicable attorney fees for each case. **I HEREBY SWEAR OR AFFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.** This _____ day of _____, 20____.

DAVIS MADDEN & ASSOCIATES, P.C. APPLICATION FOR SERVICES \$50 NONREFUNDABLE FEE. We accept all major forms of payment except personal checks.

Signature: _____

Date: _____

Print Name: _____