

**Court of Appeals  
Admission Application**

State of Georgia Bar Number: 940371 Superior Court of DeKalb County  
Date Admitted: 11/17/1999

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.

Last Name: Zurawsky First Name: Cynthia Middle Name: Marie

Signature:

Address: 4112 Hillington Dr.  
Atlanta, GA. 30345

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: 141824 Printed Name: Robert Harley Wilson  
Signature:

Bar Number: 119493 Printed Name: Sybil N. Price  
Signature:

**Attorney Roll**

(Please sign after oath has been administered)

**FOR CLERK'S OFFICE USE ONLY**

Date of Admission: \_\_\_\_\_

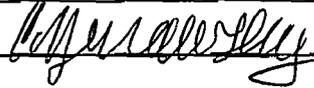
Admission by: In Court \_\_\_\_\_ Judge \_\_\_\_\_ Clerk \_\_\_\_\_

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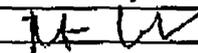
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**Attorney Roll**

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Date of Admission: 5/16/2011

Admission by: In Court \_\_\_\_\_ Judge \_\_\_\_\_ Clerk

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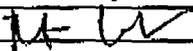
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**Attorney Roll**

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Date of Admission: \_\_\_\_\_

Admission by: In Court \_\_\_\_\_ Judge \_\_\_\_\_ Clerk \_\_\_\_\_



# DEKALB COUNTY DISTRICT ATTORNEY

OFFICE OF THE DISTRICT ATTORNEY  
STONE MOUNTAIN JUDICIAL CIRCUIT  
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4309 MEMORIAL DRIVE, 4<sup>TH</sup> FLOOR  
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**ROBERT JAMES  
DISTRICT ATTORNEY**

TO: *Cynthia Zrawsky* FROM: *Robert Lulsoz*  
FAX: *404 651 6187* FAX: 404-294-2710  
PHONE: PHONE: 404-294-2720  
SUBJECT: *Bar Admission* DATE: *5/26/11*

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