

Court of Appeals of Georgia

ADMISSION APPLICATION

Bar Number: 815637 Date Admitted to State Bar: 10/27/2014
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: Lochridge First Name: Samuel Middle Name: Andrew

Signature: 

Firm or Agency: Fulton County Solicitor's Office

Mailing Address (Business address preferred):
160 Pryor St SW Ste J301
Atlanta, Ga 30303

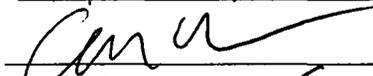
Telephone Number 404-612-2959

E-mail Address samuel.lochridge@fultoncountyga.gov

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: 8098190 Printed Name: Aaron Miller

Signature: 

Bar Number: 295695 Printed Name: David Ginsburg

Signature: 

FOR CLERK'S OFFICE USE ONLY

Date of Admission: 1/23/18

Admission by: Clerk SGP Judge _____ Other _____