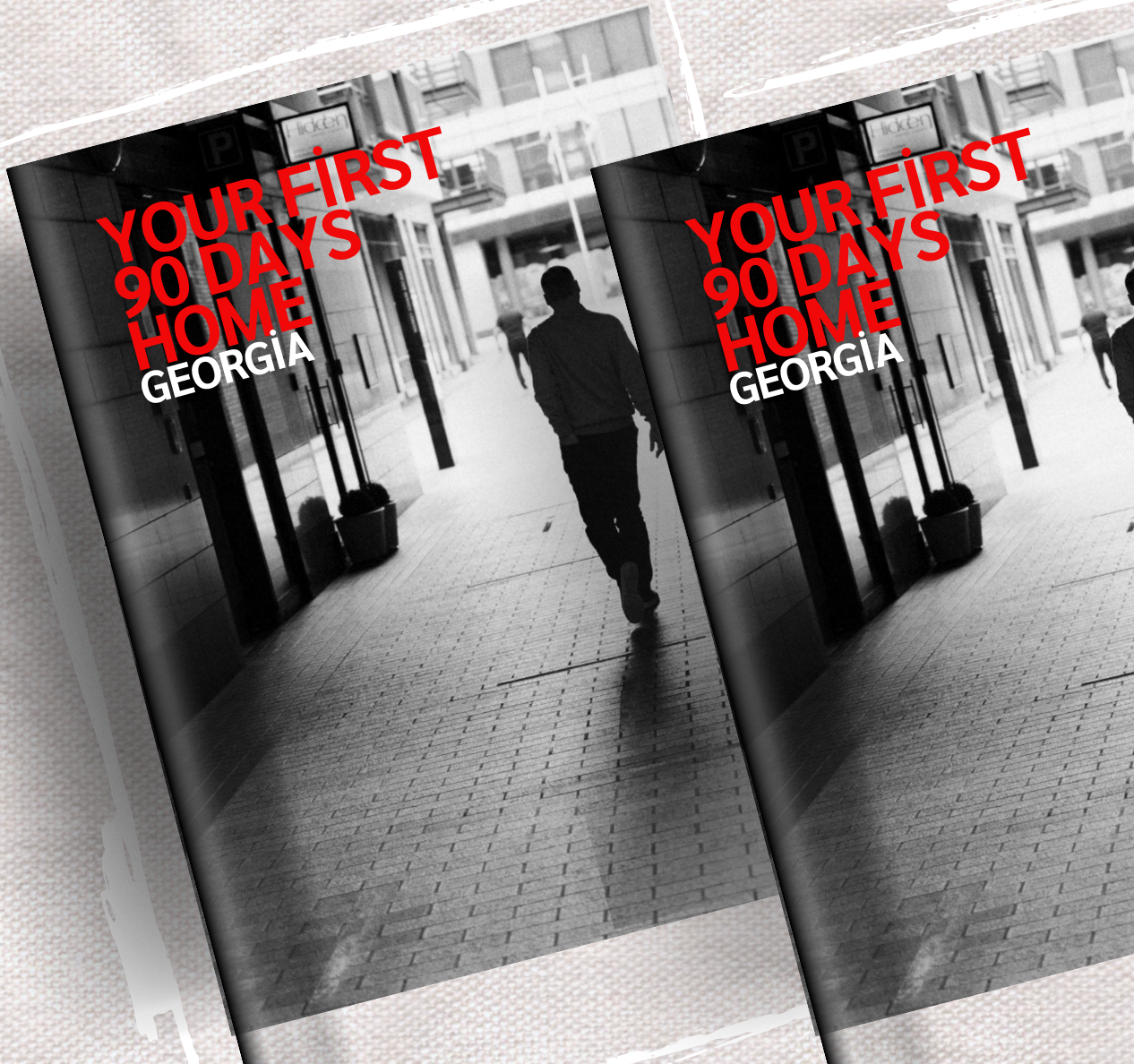




# **YOUR FIRST 90 DAYS HOME RE-ENTRY NEEDS GUIDE GEORGIA**

[www.projectretartatl.org/resource-guides](http://www.projectretartatl.org/resource-guides)







T A B L E O F  
C O N T E N T S

G E N E R A L   &   V I T A L   R E C O R D S . . . . . 1

F I N A N C I A L   R E C O R D S . . . . . 1 8

M A R R I A G E   &   D I V O R C E . . . . . 2 9

C H I L D   S U P P O R T   &   C U S T O D Y . . . . . , 4 3

L E G A L   R I G H T S . . . . . 4 5

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**G E N E R A L**  
**&**  
**V I T A L**  
**R E C O R D S**

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## **General How-to Guides- State of Georgia**

Visit this website for guides for public benefits, children and parenting, courts and corrections, taxes, property ownership, driver's licenses, recreational licensing and more.

<https://georgia.gov/how-guides>



### **Getting Your Georgia Driver's License**

#### **Before visiting your Customer Service Center:**

1. Submit the License/ID/Permit Form.
2. This form is required when visiting a DDS Customer Service Center. It helps prevent fraud and prepares you for your visit ahead of time. *Your information will remain on file for 60 days. After 60 days you will need to complete and submit your information again before visiting the center.*

[https://dds.drives.ga.gov/\\_/](https://dds.drives.ga.gov/_/)

*If taking an Automobile, Motorcycle Skills, or CDL Road Test, don't forget to **Schedule a Road Test Appointment** after submitting your information.*

<https://dds.georgia.gov/testing-and-training/road-test>

#### **Get the required documents**

3. You must Schedule a Road Test and complete the online application.
4. You must present documentation showing your identity, residential address, and US citizenship or proof of lawful status in the United States. Your full Social Security Number must be provided on the required online License/ID/Permit Form. Please refer to **Real ID Requirements** for more information.
5. You must surrender any out-of-state driver's license, permit, or ID Card.
6. If you were issued a driver's license/permit/ID card in another state, and that card has been lost or stolen:
  - a. You must provide a copy of your driving record or motor vehicle report (MVR) from the state that issued the card.
  - b. The MVR must be dated within the last 60 days.
  - c. Note: A copy can be faxed to DDS directly from the other state agency.
  - d. All documents must be in English.



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**At your visit**

7. Be prepared to:
  - Show all your documents.
  - Pass a **Vision Exam**.
  - If you're obtaining a license for the first time, you must
    - Take and pass a **Knowledge Exam**
    - Pass the applicable **Road Skills Test**.
  - Take a photo.
  - Pay the license fee. See **Fees and Terms** for more information.



**Getting Your State ID**

**Follow the above steps, except scheduling a road test.**

Application: [https://dds.drives.ga.gov/\\_/](https://dds.drives.ga.gov/_/)

- Applicants that have a valid driver's license/permit/ID card from another state are not eligible for a Georgia ID card. Only if they surrender the out-of-state driver's license/permit/ID card, they are able to apply.
- Applicants can apply for an ID card if a Georgia or out-of-state driver's license is valid, suspended/revoked, canceled, or expired.
- Applicants that have a valid driver's license from another country are eligible for a Georgia ID card. You are not required to surrender your out-of-country driver's license.
- Customers with a valid Georgia License may be eligible to apply for an ID card online or through the DDS 2 Go Mobile App. You cannot apply for an ID card online if you're surrendering your driver's license. If you are surrendering your license, you must apply for an ID card in person.



### **How to Get a Copy of Your Social Security Card**

Depending on your situation, you may be able to apply for a replacement card online. Visit the website below to determine your eligibility for online vs. in-person services.

#### **Online Application:**

<https://secure.ssa.gov/ossnap/public/termsOfService>

If not, you'll need to make an appointment at a local office. Answer a few questions about yourself, and we'll show you the best way to make your request

#### **In-Person Locations:**

Visit <https://www.ssa.gov/locator> to find the office near you.

#### **For support completing this task**

##### **Call**

Available in most U.S. time zones Monday through Friday, 8 a.m. to 7 p.m., in English, Spanish, and other languages.

**Call +1 800-772-1213**

Tell the representative you want to request a replacement Social Security card.

**Call TTY +1 800-325-0778 if you're deaf or hard of hearing.**



### **Copy of Your Birth Certificate, Marriage Certificates, Divorce Certificates and Death Certificates**

To get a birth certificate from another state, and other vital records, order a certified copy online through [VitalChek](#), the authorized vendor for most states, or directly via the state's official health department website.

**Requirements:** You will need to provide the person's full name, date of birth, city/county of birth, parent names, proof of identity (driver's license or ID) and required fees.

**Visit:**

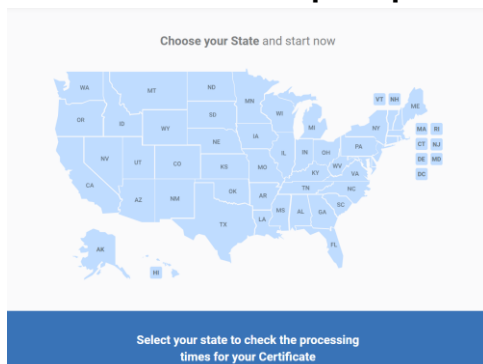
<https://www.vitalformsdirect.com>

### **Steps to Obtain a Birth Certificate:**

**Visit:**

<https://www.vitalformsdirect.com/birth>

**Once you enter this site, click on the state you need your birth certificate from and follow the prompts.**



- Identify the Correct Agency: Visit the CDC's "[[Where to Write for Vital Records](#)]" page to find the specific state's vital records office.
- Order Online (Fastest): Use [VitalChek](#) to order, as it is trusted by many government agencies to securely process requests.





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**Order by Mail:**

Download the application from the state's Vital Records office website, fill it out, notarize it if required, and mail it with a check or money order

- Required Information:
  - Full name on the certificate.
  - Date of birth.
  - City or county of birth.
  - Parents' full names, including mother's maiden name.
  - Purpose of the request.
- Fees & Processing: Fees vary by state (e.g., ~\$34 in some areas). Shipping options include standard mail or, for an extra fee, UPS overnight.

**For births that occurred outside the U.S., contact the [U.S. Department of State](#).**

***To replace or amend a Consular Report of Birth Abroad (CRBA), or outside U.S. birth certificates, you must submit***

Complete and get notarized, [Form DS-5542](#)

- To fill out the form on your computer  
<https://eforms.state.gov/Forms/ds5542.PDF>
- If you complete the form by hand, use black ink (***see form in guide***)
- Sign the form in front of a notary public
- Fee is \$50 per copy

**Amending the form?**

- Provide original or certified documents that show the change you are requesting. No photocopies.
- Must submit original CRBA. If the document was issued before 1990, you must also submit an original Certificate of Birth Abroad (or Form FS-545). If you cannot submit these documents, submit a notarized statement explaining the reason. (examples: document lost, stolen, or destroyed).
- 2. Photocopy of the front and back of your valid photo ID. Examples include:
- State-issued driver's license



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- Non-driver photo ID
- Military ID
- Passport
- Veterans Affairs ID
- Prison ID

If you don't have any of these IDs, please see [Passport Vital Records IDs](#).

3. Check or money order. The cost is \$50 for each record you request.

- Make payable to the "U.S. Department of State"
- Include a complete mailing address on the check
- Must be payable in U.S. dollars through a U.S. bank

4. Mail [Form DS-5542](#), a photocopy of the ID, and payment to:

U.S. Department of State  
Passport Vital Records Section  
44132 Mercure Cir.  
PO Box 1213  
Sterling, VA 20166-1213

Avoid delays by signing your Form DS-5542 in front of a notary public.

### **Shipping Your Record**

They will send your vital record to you. If you have an address in the United States, you can select First Class Mail or 1-3 Day Delivery:

- USPS First Class Mail: 1-2 weeks. No cost.
- 1-3 Day Delivery: Add \$22.05 to the check or money order.



# APPLICATION FOR DRIVER'S LICENSE, PERMIT, OR IDENTIFICATION CARD

DRIVER'S LICENSE/PERMIT/ID NUMBER	RESTRICTIONS	CLASSE(S) APPLIED FOR
-----------------------------------	--------------	-----------------------

PLEASE PRINT CLEARLY

<b>SECTION A</b>		<b>*Response is optional</b>			
LAST NAME		SUFFIX	FIRST NAME		MIDDLE NAME (MAIDEN)
COMPLETE GEORGIA ADDRESS (STREET ADDRESS OR PO BOX, APT #, CITY, STATE, ZIP CODE)					
COMPLETE MAILING ADDRESS IF DIFFERENT (STREET ADDRESS OR PO BOX, APT #, CITY, STATE, ZIP CODE TO MAIL LICENSE TO)					
PRIMARY TELEPHONE NUMBER*		SECONDARY TELEPHONE NUMBER*		EMAIL ADDRESS*	
DATE OF BIRTH		MALE <input type="checkbox"/>	HEIGHT	WEIGHT	EYE COLOR
MONTH	DAY	YEAR	FEMALE <input type="checkbox"/>		SOCIAL SECURITY NUMBER
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If No, what is your Alien Registration Number or I-94 Number?					
<b>SECTION B (check appropriate boxes and answer applicable questions)</b>					
1. List the names of all states or countries, including Georgia, in which you have ever been issued or currently hold a driver's license, instructional permit, or identification card. For each state or country, list the number, name, and date of birth on the card.					
2. List the names of all states or countries, including Georgia, in which your driver's license, instructional permit, or identification card, or privilege to drive is currently revoked, suspended, canceled, or denied. For each state or country, list the reason and when the action was taken.					
3. Is your driver's license being held by a police officer, law enforcement agency, or court in this state or any other state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:					
If applying for a driver's license or instructional permit, do you wear glasses or contact lenses for driving? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>FOR DEPARTMENTAL USE ONLY</b>		<b>Vision Screening Results</b>	<b>Field of Vision</b>	<b>With Lenses</b>	<b>Without Lenses</b>
<b>DO NOT WRITE IN THIS SPACE</b>		<input type="checkbox"/> Sight Screener	Right _____	20/	20/
		<input type="checkbox"/> Doctor Certificate	Left _____	20/	20/
		<input type="checkbox"/> Bioptics	Both _____	20/	20/
5. Are you a habitual user of alcohol or any drug to a degree which renders you incapable of safely driving a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Have you ever had seizures, fainting, heart trouble, hearing problems, musculoskeletal performance problems, or respiratory function problems? If Yes, date of last incident: ____/____/____ Please describe and provide physician name and city: <input type="checkbox"/> Yes <input type="checkbox"/> No					
7. Have you ever been diagnosed with any mental disability or disease? If yes, have ever been rendered incompetent? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are you currently restored to competency by the methods provided by law? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. Do you have any identical brother(s) or sister(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list full name(s):					
9. Do you wish to have "Organ Donor" displayed on your license or ID? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. If applying for a driver's license or instructional permit, do you want to donate \$1 for the prevention of blindness? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. If you are a male U.S. citizen under the age of 26, have you registered with the Selective Service System? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>The Georgia Department of Driver Services is required to ask all males under the age of 26 who are U.S. citizens whether they have registered with the U.S. Selective Service System, and to report the responses to the U.S. Selective Service System. Your response today does not initiate registration with the U.S. Selective Service System, however, you may be contacted by that agency as a result of your response. Your signature on this application serves as an indication that you have already registered with the U.S. Selective Service System or that you are authorizing the department to forward the necessary information to that agency for such registration. Your signature on this application constitutes consent to be registered with the U.S. Selective System if you are not already so registered. O.C.G.A. §40-5-8.</i>					



**SECTION C – Lost/Stolen License**

If you cannot surrender your license for any reason, please check the appropriate box below:

- ☐ I am unable to surrender my SUSPENDED or REVOKED driver's license to DDS because it is lost, or for some other reason, surrender is not possible.
- ☐ I am seeking renewal or replacement of my lost Georgia driver's license, permit, or identification card. I hereby swear or affirm that my Georgia driver's license/permit/ID card is not currently revoked, suspended, cancelled, or denied; nor is it being held by a police officer, law enforcement agency, licensing jurisdiction, or court in this or any other state.

**SECTION D – Emergency Contact Information**

Name	Telephone Number	Relationship
		<input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other

**SECTION E – Voter Registration Application**

1. Do you want to register to vote? ☐ Yes ☐ No
2. If you are requesting a change of address on this application, is the change of address for voter registration purposes also? ☐ Yes ☐ No
3. Race (optional): ☐ Asian/Pacific Islander ☐ Black ☐ Hispanic/Latino ☐ White ☐ Other

Your signature in this section serves as an attestation under penalty of perjury that all of the following requirements have been met:

- ✓ I am a citizen of the United States, and I am a resident of the State of Georgia and of the county or municipality in which I seek to vote.
- ✓ I am 18 years of age or older or will be 18 years of age within six months of the date of my application.
- ✓ I am not serving a sentence for having been convicted of a felony involving moral turpitude.
- ✓ I have not been judicially determined to be mentally incompetent, or if such determination has been made, the disability has been removed.

WARNING: Any person who registers to vote knowing that such person does not possess the qualifications required by law, who registers under any name other than such person's own legal name, or who knowingly gives false information in registering, shall be guilty of a felony.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION F – Required Signatures**

Under penalty of law, I swear or affirm that I am a resident of the State of Georgia, and the information provided on this application is true and correct. I understand that it is illegal to make false, fictitious, or fraudulent statements on this application. I grant permission to the Department of Driver Services to verify information furnished to the Department through the release of any and all applicant information to third parties which shall include, but not be limited to the U.S. Department of Homeland Security or other public or private entities wherein such disclosure of the information by the Department is not prohibited by law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTARY  
SEAL

The section below must be completed if applicant is under 18 years of age:

I, \_\_\_\_\_, hereby certify that I am the parent, guardian, or responsible adult approving the issuance of this driver's license or instructional permit. I further certify that I have reviewed the information contained in this application, and that the information provided here is true and correct.

Signature (Parent, Guardian, or Authorized Person) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License/Identification/Social Security Number \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

Non-Commercial Exam Results					General Observations / Retake Reason:
Date					
Class					
Law					
Road Signs					
Motorcycle RT					
Road Test					



## DDS Mail-in Renewal Requirements

Please check the section that applies to you and submit all required documents in that section.  
Include this form with your documents.

**Note: 8-year renewal is not available by mail.**

<input type="checkbox"/> <b>Military</b>  1. DDS-23S application completed and notarized 2. Vision Screening Results Form (DDS-274A) completed (if applicable) 3. Payment of \$20 (check, money order, or credit card authorization) 4. Signed letter from Commanding Officer on military unit letterhead verifying that the customer (referenced by name) is currently serving at the location, or that the customer (referenced by name) is the spouse or dependent of a member of the military (referenced by name) currently serving at the location	<input type="checkbox"/> <b>Students</b>  1. DDS-23S application completed and notarized 2. Vision Screening Results Form (DDS-274A) completed (if applicable) 3. Payment of \$20 (check, money order, or credit card authorization) 4. Signed letter from an official at the school on school letterhead verifying that the student (referenced by name) is currently enrolled in the school, or that the customer (referenced by name) is the spouse or dependent of a student (referenced by name) currently enrolled in the school
<input type="checkbox"/> <b>Temporarily Employed Out of State</b>  1. DDS-23S application completed and notarized 2. Vision Screening Results Form (DDS-274A) completed (if applicable) 3. Payment of \$20 (check, money order, or credit card authorization) 4. Signed letter from the customer's employer on employer letterhead verifying that the customer (referenced by name) is temporarily employed outside the State of Georgia, or that the customer (referenced by name) is the spouse or dependent of an employee (referenced by name) temporarily employed outside the State of Georgia	<input type="checkbox"/> <b>Physically Unable to Visit CSC in Person</b>  1. DDS-23S application completed and notarized 2. Vision Screening Results Form (DDS-274A) completed (if applicable) 3. Payment of \$20 (check, money order, or credit card authorization) 4. Signed verification from a licensed physician that the customer is incapacitated and unable to visit a DDS Customer Service Center in person to renew

Please mail all required documents to the following address along with your payment of \$20 (no fee if customer holds a current Veteran license):

**DDS Special Issuance  
2206 Eastview Parkway  
Conyers, GA 30013**

**Georgia Department of Driver Services  
Application for Non-Commercial License  
Vision Screening Results**

Instructions: Section A must be completed by the applicant. Sections B and C must be completed by an optometrist or ophthalmologist currently licensed to practice in the United States, and the applicant must sign the form in Section C in the presence of the optometrist or ophthalmologist.

**SECTION A – CUSTOMER INFORMATION – TO BE COMPLETED BY APPLICANT**

Driver's License Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Full Legal Name \_\_\_\_\_

Applicant's Complete Address \_\_\_\_\_

\_\_\_\_\_

**SECTION B – VISUAL EXAMINATION RESULTS**

1. Visual Acuity                      Right eye – 20/\_\_\_\_\_      Left eye – 20/\_\_\_\_\_

2. Horizontal Field of Vision

Right \_\_\_\_\_ Degrees      Left \_\_\_\_\_ Degrees      Total \_\_\_\_\_ Degrees

3. Were corrective lenses used for these results?    Yes ☐      No ☐

☐ Check here if correction is achieved with other than conventional lenses (bioptics). If box is checked, a detailed report must be attached.

**IMPORTANT:** For proper identification, please have the person whom you have examined sign the report in your presence.

SIGN HERE: \_\_\_\_\_

Date of examination \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## SECTION C – OPTOMETRIST / OPHTHALMOLOGIST CERTIFICATION

I \_\_\_\_\_ being licensed to practice in the state of \_\_\_\_\_, hereby certify that I have personally examined the vision of the above named, that the results indicated on this form represent a true record of my examination and that he or she signed this form in my presence.

Printed Name of Optometrist/Ophthalmologist \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ License # \_\_\_\_\_

\_\_\_\_\_  
Signature of Optometrist / Ophthalmologist

\_\_\_\_\_  
Today's Date

# Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete both sections below.

## CREDIT CARD HOLDER INFORMATION

Please check credit card type:

☐ Visa

☐ MasterCard

☐ Discover

☐ American Express

Credit card number: \_\_\_\_\_ Expiration date : \_\_\_\_\_ / \_\_\_\_\_ ( mm/yy )

Exact name as it appears on the credit card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Amount to be charged: \$ \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## LICENSEE/DRIVER INFORMATION

Name as it appears on Driver's License/ID: \_\_\_\_\_

Licensee's Drivers License / ID number: \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

Gender (circle one):    Male                  Female

Please send this credit/debit card payment form and supporting documents to:

Georgia Department of Driver Services  
ATTN: Validation  
P. O. Box 80447  
Conyers, GA 30013

What type of service is this payment for? \_\_\_\_\_

\_\_\_\_\_

# Pauper's Affidavit



This form is used to waive reinstatement fees for drivers who certify that they are unable to pay their reinstatement fees based on an evaluation of responses provided on this form.

**Ineligible suspensions are:** Super Speeder, Nonsufficient Funds and Safety Responsibility.

**\*Minors with a suspension must have this form completed by a parent or legal guardian.**

## Suspended Driver's Information

Name: \_\_\_\_\_  
Last Name First Name MI

GA Driver License, Permit, or Identification Card #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Head of Household (HOH): \_\_\_\_\_

## \*\*Household Information

\*\*If you are seventeen (17) years of age or younger your parent or legal guardian will need to complete this section.

I, \_\_\_\_\_, certify as follows:  
Enter your Full Name Above

\_\_\_\_ I am eighteen (18) years of age or older. **-OR-**

Initial \_\_\_\_ I am the parent or legal guardian of the suspended driver, who is under the age of eighteen (18) years.  
Initial

1. That I, by reason of poverty, am unable to pay the entire fee required by **O.C.G.A §40-5-9** to reinstate my driving privilege.

2. That I am providing proof that I qualify for one or more of the benefits listed below:

- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Temporary Assistance Nutrition Funding (TANF)
- ☐ Women, Infants and Children (WIC)

- ☐ Medicaid
- ☐ Free or Reduced Lunch Program
- ☐ Detention Certification Documentation

3. That I live at \_\_\_\_\_  
Street # Street Name Apt # City State Zip Code

4. That my household consists of \_\_\_\_\_ people.  
# in Home

**-OR-**  
 \_\_\_\_ That I am in the custody of \_\_\_\_\_  
Agency Name

## Signature of Suspended Driver -OR- Suspended Driver's Parent or Legal Guardian

This \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Signature of Suspended Driver -OR- Suspended Driver's Parent or Legal Guardian

\*\*A household consists of one or more people who live in the same dwelling and share meals or living accommodation.

**WARNING:** Any person knowingly making any false statement on this affidavit commits the offense of false swearing and shall be guilty of a felony.



# UNDERSTANDING THE STATUS OF YOUR DRIVER'S LICENSE

In Georgia, driving on a suspended license can lead to major consequences. Driving on a suspended license can lead to arrest, jail time, high fees, and further driver's license suspensions. Staying up to date on the status of your driver's license is essential.

## 1. Check the status of your driver's license through:

- a. **Online Search:** <https://dds.drives.ga.gov/#1> and click "Check License Status."
  - DDS's online search function is the *fastest* and *simplest* way to verify your license status. By entering your license number here, you can verify your license status. However, you will not be able to see *why* your license is suspended.
- b. **Log-In or Create Online DDS Account:** <https://dds.drives.ga.gov/#4> and click "Create Account/Sign in."
  - Note: To create this account, you will need your driver's license number, license class, and license issue date (which can be found on your driver's license), as well as your social security number. You can also download the DDS 2 GO app.
- c. Call **(404) 657-9300** and enter your driver's license number.

## 2. If your license is suspended, obtain a "Suspension Detail Report":

- a. Suspension detail reports tell you **how many** suspensions are on your license, **why** your license has been suspended, and **what steps** are required for reinstatement. Your suspension detail report will also indicate if your suspension is eligible for a **limited driving permit**, and if so, what steps are needed to obtain a limited driving permit.
- b. Suspension detail reports are **free**.
- c. To Obtain a Suspension Detail Report:
  - Log-In or Create **Online DDS Account:** <https://dds.drives.ga.gov/#4> and click "Create Account/Sign in."
    1. Log-in on a computer browser. Then you'll be on your home page. Look to the right side of the screen. There will be five actions listed that appear as blue links.
    2. Click the link that says, "Suspension/Reinstatement."
    3. Click button that says, "View Report." Download or screenshot this document.
  - If you cannot create an online DDS account, you may contact DDS directly.
    1. Call the DDS Help Line: **(678) 413-8400**
    2. Visit a DDS Customer Service Center: <https://dds.georgia.gov/find-location/customer-service-center>

**Curious about what's on your Georgia driving history? Obtain a 3-year, 7-year, or Lifetime Motor Vehicle Report through:**

1. **Your online DDS account**
2. **Submitting a Motor Vehicle History request form through the mail:**
  - a. Must submit completed request form, payment, and self-addressed stamped envelope. 3-year reports are \$6, 7-year reports are \$8, and Lifetime reports are \$8.
3. **Submitting a Motor Vehicle History request form at a DDS customer service location.**
  - a. Please note you must bring the *original* request form.

**For additional information:** <https://dds.georgia.gov/georgia-licenseid/general-license-topics/how-do-i-mvr-driving-history>

## **DDS Mail-in Renewal Options**

Thank you for your interest in renewing your Georgia driver's license, permit, or ID card. The Georgia Department of Driver Services offers renewal by mail options under limited circumstances for U.S. citizen customers who are unable to renew their license in person.

The following customers may utilize this option:

- Customers stationed out of state in the military, and their dependents stationed with them
- Customers attending school out of the State of Georgia, and their dependents who are with them
- Customers temporarily working out of state, and their dependents who are with them
- Customers who are physically incapacitated and unable to visit a DDS Customer Service Center

The following general requirements and conditions apply:

- You must be a U.S. Citizen.
- If you are changing your Georgia address as part of your renewal, you must include proof of the new address. A listing of acceptable documents for this purpose is enclosed.
- The customer requesting renewal must complete the DDS-23S form (Application for Driver's License, Permit, or Identification Card) and have it notarized in Section F.
- Customers 60 years of age or older must provide verification that vision requirements are met if applying to renew a driver's license or permit (enclosed Vision Form must be completed).
- Only a 5-year renewal is allowed through this method. 8-year renewal is not allowed by mail.
- The customer must provide payment of \$20 for a 5-year renewal, payable by check, money order, or credit card.
- Processing can take up to ten business days from receipt of your application package. Failure to provide all required documents will delay renewal of your license. Expedited processing is not available. Requests will be processed on a first-come, first-serve basis.
- Only renewal of non-commercial licenses, permits, and ID's is available by mail. Renewal of Commercial Driver's Licenses (CDL's) must be done in person at a DDS location.

To complete renewal by mail, please mail all required documents (see reverse side for specific requirements) to the following address along with your payment:

**DDS Special Issuance  
2206 Eastview Parkway  
Conyers, GA 30013**

Please make checks or money orders payable to DDS for the renewal fee of \$20. A separate check or money order is required for each customer's renewal request. If paying by credit card, please complete the enclosed Credit Card Authorization Form and return with your application package.

The chart on the back of this page lists the documents required for each type of renewal. Blank application form (DDS-23S), Vision Screening Results form if applicable (DDS-274A), and Credit Card Authorization (DDS-100) form are enclosed for completion.

Please direct any questions to our Customer Contact Center at 1-866-754-3687.

**REQUEST FOR OVERSEAS U.S. CITIZEN VITAL RECORDS SERVICES**

Please type or print legibly using black ink only. If you make an error, complete a new form. Do not correct.

**ABOUT THIS FORM**

This form is used to request certified or authenticated copies of overseas U.S. citizen vital records such as Consular Reports of Birth/Death Abroad, Certificates of Witness to Marriage, and Panama Canal Zone documents. You may also use this form to request correction or amendment to a Consular Report of Birth Abroad. **NOTE:** If the subject of the record(s) you are requesting is a minor and you are not the minor's parent, you must submit written authorization such as a court order with your request. For more information regarding requests for vital records, please visit our website at [travel.state.gov](https://travel.state.gov).

**INSTRUCTIONS**

- 1. Birth Records** - Select if requesting a Consular Report of Birth Abroad of a Citizen of the United States of America or Panama Canal Zone Birth Certificate. Indicate how many copies you need and complete the requested information regarding the subject/document holder (e.g., full name, other names used, date of birth [MM/DD/YYYY], place of birth, parent(s)/guardian(s) full name, date of birth [MM/DD/YYYY], place of birth, and citizenship status at the time of the subject's birth, U.S. passport book/card information, and the Consular Report of Birth Abroad document number, if known). **NOTE: If the subject was not born a U.S. citizen but later naturalized, PLEASE STOP and contact U.S. Citizenship and Immigration Services (USCIS).**
- 2. Death Records** - Select if requesting a Consular Report of Death Abroad of a Citizen of the United States of America or Panama Canal Zone Death Certificate. Indicate how many copies you need and complete the requested information regarding the deceased (e.g., full name, date of birth and death [MM/DD/YYYY] and place of death). Third party requests for death records must be supported by evidence of a valid need for the record per 22 CFR 71.5 and 72.6(c). **NOTE: Consular Reports of Death Abroad issued prior to 1975 are maintained by the National Archives and Records Administration (NARA) and may not be requested on this form.**
- 3. Marriage Records** - Select if requesting a Certificate of Witness to Marriage Abroad. Indicate how many copies you need and complete the requested information regarding the couple (e.g., full name of bride/groom/spouse, date of marriage [MM/DD/YYYY], and place of marriage).
- 4. Other Services** - Select if requesting an apostille or amendment to a Consular Report of Birth Abroad. For apostilles, indicate the country for intended use and how many documents need an apostille. Note: The country for intended use must be a member of the 1961 Hague Convention on Apostilles. For amendments, indicate the change(s) you are requesting. Note: You must present original or certified copies of evidence to support the amendment(s) you are requesting (all supporting documents will be returned to you). Visit [travel.state.gov](https://travel.state.gov) for more information.
- 5. Requestor's Information** - The person requesting the record or other service must complete this section. Provide your full name, mailing address, contact information and relationship to the document holder/subject.
- 6. Shipping Options** - Select how you want to receive your documents. The fee for overnight service must be included with this form. Visit [travel.state.gov](https://travel.state.gov) for current shipping fee information.
- 7. Oath** - **Do not sign this section until you appear before a person authorized to administer the oath/affirmation.**
  - **Vital Records Fee:** The vital records fee is \$50.00 per copy. We accept U.S. Postal Service money orders, checks (personal, corporate, certified, cashier's, travelers) made payable to the U.S. Department of State.
  - **Check Status:** You may check the status of your request by emailing [VitalRecordsPublicInquiries@state.gov](mailto:VitalRecordsPublicInquiries@state.gov) or by calling 202-485-8300.

**WARNING**

False statements made knowingly and willfully in this form or otherwise in connection with your request are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001. Pursuant to 22 CFR§ 131.2, the Department of State will not certify a document when it has good reason to believe that the certification is desired for an unlawful or improper purpose.

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** Collection of the information solicited on this form is authorized by Titles 8 and 22 of the United States Code (U.S.C.) and other applicable laws and regulations including [8 U.S.C. 1104](#), Powers and Duties of the Secretary of State; [8 U.S.C. 1401](#), Nationals and Citizens of United States at Birth; [8 U.S.C. 1403](#), Persons Born in the Canal Zone or Republic of Panama on or after February 26, 1904; [8 U.S.C. 1408](#), Nationals but not Citizens of the United States at Birth; [8 U.S.C. 1409](#), Children Born Out of Wedlock; [8 U.S.C. 1504\(b\)](#), Consular Report of Birth Abroad; [22 U.S.C. 2705](#), Documentation of citizenship; [22 U.S.C. 2715b](#), Notification of next of kin; reports of death; [22 C.F.R. 50.2](#), Determination of U.S. nationality of persons abroad; [22 C.F.R. 50.5](#), Application for registration of birth abroad; [22 C.F.R. 50.7](#), Consular Report of Birth Abroad of a Citizen of the United States of America; [22 C.F.R. 72.4 - 72.6](#), Reporting Deaths of United States Nationals; 12 Stat. 72, Ch. 179, Sec. 31, June 22, 1860 Marriage Abroad in Presence of Consular Officer; restated in R.S. 4082, repealed in R.S. 5596; and 104 Stat. 27, Pub. Law 101-246, Sec. 123, February 16, 1990 Consular Officer Duties; repealed Sec. 31 of 12 Stat. 72; 22 U.S.C. 4192.

**PURPOSE:** The information requested on this form is collected to validate and process authorized requests for records services.

**ROUTINE USES:** The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in issuing certificates under the Seal of the U.S. Department of State and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations, and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address potential violations of law or to further the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. The information may be made available to the Department of Homeland Security and private employers for employment verification purposes. For a more detailed listing of the routine uses to which this information may be put, see the Department of State's Prefatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices for Overseas Citizens Services Records and Other Overseas Records (State-05) and Passport Records (State-26) published in the Federal Register.

**DISCLOSURE:** Providing information on this form is voluntary. However, failure to provide information may result in processing delays.

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 40 minutes per response including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You are not required to provide this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Attn: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Circle, PO Box 1199, Sterling, Virginia 20166-1199.

**REQUEST FOR OVERSEAS U.S. CITIZEN VITAL RECORDS SERVICES**

Please type or print legibly using black ink only. If you make an error, complete a new form. Do not correct.

For Official Use Only						LABEL	
Payment Amount	\$	Payment Type		Clerk's Initials	Cashier's Initials		
To complete the sections below, please follow the instructions provided on Page 1.							
<b>1. Birth Records</b>		Copy Total:		<input type="checkbox"/> Consular Report of Birth Abroad (FS-240)		<input type="checkbox"/> Panama Canal Zone Birth Certificate	
a. Full Name of Subject at Birth		First		Middle		Last	
b. Other Names Used by Subject							
c. Date of Birth (MM-DD-YYYY)				Place of Birth (City,Country)			
d. Full Name Parent/Legal Guardian 1		First		Middle		Last	
e. Citizenship Parent/Legal Guardian 1				f. Date of Birth Parent/Legal Guardian 1		g. Place of Birth Parent/Legal Guardian 1	
h. Full Name Parent/Legal Guardian 2		First		Middle		Last	
i. Citizenship Parent/Legal Guardian 2				j. Date of Birth Parent/Legal Guardian 2		k. Place of Birth Parent/Legal Guardian 2	
l. U.S. Passport Book Information		Book Number		Date of Issue (MM-DD-YYYY)		Date of Expiration (MM-DD-YYYY)	
m. U.S. Passport Card Information		Card Number		Date of Issue (MM-DD-YYYY)		Date of Expiration (MM-DD-YYYY)	
n. Document Control Number (If Known)		159-					
<b>2. Death Records</b>		Copy Total:		<input type="checkbox"/> Consular Report of Death Abroad		<input type="checkbox"/> Panama Canal Zone Death Certificate	
a. Full Name of Deceased		First		Middle		Last	
b. Date of Birth (MM-DD-YYYY)				c. Date of Death (MM-DD-YYYY)			
d. Place of Death (City, State/Country)							
<b>3. Marriage Records</b>		Copy Total:		<input type="checkbox"/> Certificate of Witness to Marriage Abroad (Pre 1989)			
a. Full Name of Groom/Spouse		First		Middle		Last	
b. Full Maiden Name of Bride/Spouse		First		Middle		Last	
c. Date of Marriage (MM-DD-YYYY)				d. Place of Marriage (City/State/Country)			
<b>4. Other Services</b>							
<input type="checkbox"/> Apostille		<input type="checkbox"/> Amendment to Consular Report of Birth Abroad <small>Must submit proof to support some change(s) requested. Visit travel.state.gov for more details.</small>					
Which country do you need the apostille?		Select all that apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Adoption <input type="checkbox"/> Paternity <input type="checkbox"/> Error Correction					
		<input type="checkbox"/> Other (Explain):					
<b>5. Requestor's Information</b>		<b>Note:</b> If the subject of the record(s) you are requesting is a minor and you are not the minor's parent, you must include a copy of supporting evidence of custody (e.g., a court order) with this form.					
a. Requestor's Full Name		First, Middle, Last, Suffix					
b. Mailing Address		Number/Street/PO Box		City		State/Country	
c. Contact Information		Telephone		Email			
d. Relationship to Document Subject		<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other (Specify)					
<b>6. Shipping Options (check one)</b>		<input type="checkbox"/> USPS First Class 1-2 weeks (no additional cost) <input type="checkbox"/> UPS Overnight Delivery - Visit travel.state.gov for current shipping fees					
<b>7. Oath/Affirmation</b>		<b>⚠ STOP HERE. This section must be signed before a notary public or other person authorized to administer oaths</b>					
OATH: I solemnly swear (or affirm) that the above information given by me is true and correct to the best of my knowledge and belief.							
Subject/Document Holder's Signature (Must be 18 years or older)				Requestor's Signature (If other than the document holder/self)			
Subscribed and Sworn to (Affirmed) before me this _____ day of _____,				(SEAL)			
_____ Name and Title of Administering Official							
<b>ATTACH TO THIS REQUEST:</b>							
Requestor's photocopied government-issued photo ID (front and back)				<b>MAIL THIS REQUEST TO:</b> U.S. Department of State Passport Vital Records 44132 Mercure Circle PO Box 1213 Sterling, VA 20166-1213			
Payment (\$50 per copy)							
Other evidence as requested on this form (e.g., court order of guardianship) Visit travel.state.gov for more information							

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F I N A N C I A L  
R E C O R D S

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## **Bank Debts**

### ***Early Warning Services***

#### **Check Report at:**

To submit information electronically, via the Secure Transfer Portal, go to <https://consumerservices.earlywarning.com>.

When prompted for the Early Warning email address, enter [consumerservices@earlywarning.com](mailto:consumerservices@earlywarning.com). Follow the instructions on the screen to create your User ID and password, and to upload the documents to be securely transmitted to Early Warning.

#### **Steps to Remove EWS Records:**

- Request Your Report: Obtain a copy of your EWS report to identify the negative information.
- Dispute Inaccuracies: If information is inaccurate, dispute it with both EWS and the bank that reported the data.
- Resolve Debts: Pay any outstanding balances on closed, negative accounts.
- Submit a Dispute Letter: Provide your Consumer ID, specific item details, and supporting evidence.
- File with the CFPB: If EWS fails to correct errors within 30 days, file a complaint with the [Consumer Financial Protection Bureau \(CFPB\)](#).
- Wait for Removal: Valid negative information can stay for up to 7 years, but paying debts may speed up the process.

#### **Once You Complete Your Free Application:**

You may submit your information via upload to the Early Warning Secure Transfer Portal, by mail, or by fax.

- You may also call Early Warning at 1-800-745-1560 for over-the-phone authentication and to request your file disclosure Monday through Friday 9:00 am to 8:00 pm EST. Early Warning is closed on national holidays.
- Fax:  
480-656-6850





Your First 90-Days Home  
*Guide For Your Highest Needs*

- Address:  
Early Warning  
5801 N. Pima Rd  
Scottsdale, AZ 85250
- If you need technical assistance with the Secure Transfer Portal, please call 1-800-745-1560.

### **ChexSystems Reports**

#### **Check Report at:**

#### **Print and mail application to:**

Chex Systems, Inc.  
Attn: Consumer Relations  
PO Box 583399  
Minneapolis, MN 55458

#### **Phone: 1.800.428.9623**

The automated phone system is available 24 hours per day to provide general information. Representatives are available to assist during normal business hours 8:00am – 7:00pm Central Time, Monday through Friday.

Hearing impaired consumers can contact ChexSystems through a TDD Relay Operator by calling 7-1-1 and referring the operator to 800.428.9623

Visually impaired consumers can call 855.472.2911 to request a ChexSystems Consumer Disclosure Report in Braille, large print, or audio CD.

For someone to submit a request on behalf of you, you must complete the [Consumer Request for Disclosure Form](#) and return it to ChexSystems by mail. You must also include the following documentation authorizing ChexSystems to communicate and provide information to you:

- A notarized Power of Attorney or,
- A notarized copy of specific written instructions signed by the consumer.
- Correspondence must include consumer's full name, current address, date of birth, and Social Security number.



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- A copy of the consumer's State Identification Card/Driver's License in color clearly showing the front and back of the document.
- A copy of the consumer's social security card.
- Proof of address for the consumer dated within the last 90 days such as a utility bill.
- A copy of your State Identification Card/Driver's License in color clearly showing the front and back of the document.



## **Ordering Your Free Credit Reports**

### **Getting your credit reports**

You can get a free report once every 12 months from each of the three nationwide consumer credit reporting companies through AnnualCreditReport.com. You can request all three of your reports at once, or you can space them out over the course of the year. That means if you order a report from one of the companies on March 1, you can't get another free annual credit report from the same company until March 2 next year.

Please note, that there may be situations where you can obtain additional copies of your credit report for free such as the application of certain state laws, when you have been denied credit or in certain situations involving fraud.

### **Online:**

You can request your reports from <https://www.AnnualCreditReport.com>. ***Make sure you are on this site before ordering your report.*** This is the official site, authorized by the Federal government, for you to get your free reports. You usually can get your report immediately by ordering it online after you have verified your identity through an authentication process. To obtain a free copy of all 3 (Experian, Equifax and Transunion credit reports) annually, visit:

<https://www.annualcreditreport.com/requestreport>

### **Phone:**

Call 1-877-322-8228

- You will go through a verification process over the phone.
- Your credit report will be mailed to you within 15 days
- Blind and Visually Impaired Consumers can ask for your free annual credit reports in Braille, Large Print or Audio Formats.

Call toll free at 877-322-8228.

Provide personal information to validate your identity.

Orally certify that you are blind or a person with a visual impairment.



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**Mail:**

- Submit the paper request form (***see in guide***)
- Print and complete the form
- Mail the completed form to:
  - Annual Credit Report Request Service
  - P.O. Box 105281
  - Atlanta, GA 30348-5281
- Your credit report will be mailed to you within 15 days

**Early Warning  
Consumer Identification Form**

Please complete all applicable information and **submit the form and a copy of one identification document** to Early Warning by one of the methods provided in the Contact Information section of this form. Please note that this **form is not required** to receive your file disclosure as long as the necessary identifying information is provided to Early Warning.

<b>Consumer Information</b>			
Last Name	First Name	Middle Initial	Suffix
Name(s) Previously Used			
Mailing Address (include Apt #)		City	State      Zip Code
Current Street Address (if different)		City	State      Zip Code
Daytime Phone #		Alternate Phone #	
Social Security #		Date of Birth	
ID Type:	<input type="checkbox"/> Driver's License      DL #	Issuing State	Issuing Country
<b><u>Copy of One type required</u></b>	<input type="checkbox"/> ID Card      ID #	Issuing State	Issuing Country
	<input type="checkbox"/> Passport      Passport #		Issuing Country
	<input type="checkbox"/> Other (explain)		
<b>Account Information</b> <i>(Providing this information is not required but may be helpful in confirming that we have located your specific account information)</i>			
Financial Institution Name		Routing #	Account #
<i>To list additional accounts, please include on a separate page.</i> <b>Business Entity/Principal Information</b> <i>(For business accounts - also complete Consumer Information section)</i>			
Business Name		Tax ID #	
Business Address		City	State      Zip Code
Position (President, Owner, etc):			

Please send my file disclosure by: ☐ US Mail      ☐ Email

Pursuant to the Fair Credit Reporting Act and other applicable laws, I request that Early Warning provide me with a copy of the information in its files pertaining to me as specified in this Form. By submitting this Form, I certify to Early Warning that: (i) I am the consumer identified in this Form, (ii) all information provided herein is complete and accurate, and (iii) I understand that Early Warning may use third party sources to verify that the information I have presented on this Form is accurate and valid. The personal information you provide to Early Warning will only be used to verify your identity for purposes of responding to your request for a file disclosure.

## Contact Information

Please return your completed Consumer Identification Form and a copy of one form of identification (Driver's License, ID Card, Passport or other government issued identification) to Early Warning by mail, fax or you may upload a copy to our Secure Transfer Portal.

Address:

Early Warning  
5801 N Pima Road  
Scottsdale, AZ 85250

FAX:

480-656-6850

To communicate electronically with us, via the Secure Transfer Portal, go to <https://consumerservices.earlywarning.com>. When prompted for the Early Warning email address, enter [consumerservices@earlywarning.com](mailto:consumerservices@earlywarning.com). Follow the instructions on the screen to create your User ID and password, and to upload the documents to be transmitted to Early Warning. If you need technical assistance with the Secure Transfer Portal, please call 800-745-1560.



## Order Your Report Offline

In order to complete this form electronically, please save a copy to your computer. Complete the form, save the information and name the file. You will then have the ability to print the form and mail it to ChexSystems.

### Personal Information

In order for Chex Systems, Inc. to properly identify the information contained in your consumer file, please provide the following information:

Full name:	<div><div>First</div><div>Middle</div><div>Last</div></div>	Previous Name:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div><div>City</div><div>State</div><div>Zip Code</div></div>	Email:	
Mobile Phone Number:		Home Phone Number:	
Social Security Number:		Date of Birth:	
Driver's License Number:		State of Issuance:	

### Documentation to Include

In order to prevent fraud, please provide the following documents below to authenticate your identity.

- ☐ Driver's License or State ID front and back in color
- ☐ Social Security Card
- ☐ Proof of address dated within the last 90 days





**Addresses of any other residences you have had in the past five years**

Address:

*Street address*

*Apt/Unit #*

*City*

*State*

*Zip Code*

Address:

*Street address*

*Apt/Unit #*

*City*

*State*

*Zip Code*

Address:

*Street address*

*Apt/Unit #*

*City*

*State*

*Zip Code*

Address:

*Street address*

*Apt/Unit #*

*City*

*State*

*Zip Code*

Address:

*Street address*

*Apt/Unit #*

*City*

*State*

*Zip Code*

Obtaining information under false pretenses is illegal. Obtaining a report on someone other than yourself is punishable by law and can result in fines and/or imprisonment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to: Chex Systems, Inc  
Attn: Consumer Relations  
PO Box 583399  
Minneapolis, MN 55458





## Credit Report Dispute Letter Template

### Online Credit Disputes

The submit a dispute online, simply visit the credit bureau that contains the error and submit information.

**Equifax:** <https://www.equifax.com/personal/credit-report-services/credit-dispute>

**Experian:** <https://www.experian.com/help/dispute-credit/>

**Transunion:** <https://www.transunion.com/credit-disputes/>

### Disputes by Mail

Find the mailing address of credit bureaus on the homepages of the sites above and send a dispute letter.

### Letter Template

[Your Name]  
[Your Address]  
[Your City, State, Zip Code]  
[Date]

Complaint Department  
[Company Name]  
[Street Address]  
[City, State, Zip Code]

Dear Sir or Madam:

I am writing to dispute the following information in my file. I have circled the items I dispute on the attached copy of the report I received.

This item **[identify item(s) disputed by name of source, such as creditors or tax court, and identify type of item, such as credit account, judgment, etc.]** is **[inaccurate or incomplete]** because **[describe what is inaccurate or incomplete and why]**. I am requesting that the item be removed **[or request another specific change]** to correct the information.

Enclosed are copies of **[use this sentence if applicable and describe any enclosed documentation, such as payment records and court documents]** supporting my position. Please reinvestigate this **[these]** matter[s] and **[delete or correct]** the disputed item[s] as soon as possible.

Sincerely,  
Your name

Enclosures: **[List what you are enclosing.]**

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M A R R I A G E  
&  
D I V O R C E

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2 0 2 6



## **Marriage**

To get married in Georgia, both parties must apply in person for a marriage license at a county Probate Court, presenting valid IDs (driver's license, passport, or birth certificate). No waiting period or blood test is required. The fee is approximately \$65-\$68, with a discount if premarital counseling is completed.

### **Steps to Get Married in Georgia**

- **Requirements:** Applicants must be 18 or older, not currently married, and not closely related.
- **Application:** While you can apply in any county if at least one person is a Georgia resident, it is often recommended to apply in the county where the ceremony will take place. *Some counties permit online applications, others require an in-person application.*

Visit the website below to locate the probate court in your county and to learn about the application process.

**Visit:** <https://georgia.gov/apply-marriage-license>

- **Documentation:** Bring photo IDs and, if previously divorced, a copy of your divorce decree.
- **Cost:** Fees are roughly \$67 without counseling, or as low as \$27 with proof of a qualifying 6-hour premarital education course.

**\$35 discount if you use:** <https://fcs.uga.edu/extension/family-healthy-relationships-prepraing-for-marriage>

- **Ceremony:** The license is valid immediately, allowing for same-day marriage.
- **Officiant:** The ceremony must be performed by a judge, minister, or authorized religious official. (<https://theknot.com/marketplace/wedding-officiants/georgia>)

**Note:** *If at least one of the people getting married is a resident of Georgia, a marriage license can be issued at a probate court in any county.* If neither person is a resident of Georgia, the license must be issued in the county where the ceremony is taking place. Both parties must be present in order to obtain a marriage license. The signed marriage license should be returned to the probate court within 30 days of the ceremony. You will then receive your marriage certificate in the mail within 30 days.



### **Divorce Proceedings**

***To file for divorce in Georgia, you must file a "Complaint for Divorce" in the Superior Court of the county where your spouse resides, or the county of marital residence if they moved within the last 6 months.***

You must have been a GA resident for 6 months. The process involves filing forms (with or without children), serving your spouse, and attending a mandatory parenting seminar if children are involved.

#### **Key Steps to File for Divorce in Georgia**

- Determine Jurisdiction: File in the Superior Court in the county where your spouse lives (the Respondent). If your spouse lives outside of Georgia, you can file in your county of residence.

#### **Prepare the Documents:**

Obtain the [complaint for divorce forms](#)  
(with or without children)

#### **Visit:**

<https://georgiacourts.gov/wp-content/uploads/2025/03/Complaint-For-Divorce-with-Minor-Children-Form.pdf>

You must specify the grounds for divorce, usually that the marriage is "irretrievably broken" (no-fault)

- File the Petition: File the Complaint for Divorce and Summons with the Clerk of Superior Court.
- Pay Filing Fees: Fees are roughly \$200-\$250, with an additional fee (often \$50 ) for sheriff service. If you cannot afford this, you can file an Affidavit of Indigency for a fee waiver.

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- **Serve the Spouse:** The Respondent must be officially served with the paperwork by a sheriff, marshal, or private process server. If they are cooperative, they can sign an Acknowledgement of Service.
- **Mandatory Requirements:** If you have minor children, both parties must attend a mandatory parenting seminar.

**Types of Divorce in Georgia**

- **Uncontested:** Both parties agree on all issues (property, child custody, support). This is faster and simpler.
- **Contested:** Parties disagree on at least one issue, which may require mediation or a trial.

It is highly recommended to seek legal advice or a lawyer from the [State Bar of Georgia website](#), especially if the case is contested or involves significant assets.

**Visit:**

<https://georgia.gov/file-divorce>



## Mail in Renewal – Georgia Address Change

Please provide one document from the list below if your request for renewal includes a change of your address in Georgia.

<p><b>Utility bill issued within the last sixty (60) days;</b>  <i>In general a utility bill will be for a service provided to the customer that designates their residency or service address. Common examples include telephone, mobile phone, water, sewer, electricity, gas, propane, satellite, cable TV, Internet or garbage collection.</i></p>
<p><b>Bank statement issued within the last sixty (60) days;</b>  <i>A bank statement is considered a statement, printout or letter from any financial services company. Common examples include statements for Checking or Savings accounts, Credit Card statements, credit union statements, loan payments, auto, motorcycle and RV loans.</i></p>
<p><b>Currently valid rental contracts and/or receipts for payments made within the last sixty (60) days for rent payments;</b>  <i>This includes rental agreements and leases for a home, apartment, mobile home, dorm, extended stay hotel, etc. Common examples include rental agreement or receipt, general lease agreement, student housing contract, letter from shelters, retirement or medical centers and extended stay hotel receipts.</i></p>
<p><b>Employer verification, including, but not limited to, one of the following:</b>  <i>Employer verification may be a formal statement or letter from the company stating the residency address for the employee. Letters should be on company letterhead. Common examples include Paycheck, Paycheck stub, W-2 form from current or preceding year (these can also be used for SSN verification). Examples that can only be used to prove residency include letters from the employer, military orders, etc.</i></p>
<p><b>Non-expired Georgia driver's license, permit or identification card issued to the applicant's parent, guardian, spouse, or child;</b>  <i>For <u>minors and dependents</u>, unexpired GA driver's license, permit or ID card issued to parent, guardian or spouse residing in same household. For <u>dependent parents</u>, unexpired GA driver's license, permit or ID card issued to a relative residing in the same household.</i></p>
<p><b>Health insurance statement or explanation of benefits for claim;</b>  <i>This includes all health related invoices or statements for service or benefits. Specific information concerning medical conditions should be covered if possible prior to scanning. Common examples include Health/life insurance statement or invoices, Hospital, clinic, doctor, or lab bills.</i></p>
<p><b>State of Georgia or Federal income tax return for current or preceding calendar year;</b>  <i>This includes all information mailed to the customer concerning tax matters from the State of Georgia or Federal Government. Common examples include tax statements, bills or refund checks.</i></p>
<p><b>Annual social security statement for current or preceding calendar year;</b>  <i>This can include any documentation from the Social Security Administration that includes their address. Common examples include Annual Benefit statement, Numident record, Social Security Check.</i></p>
<p><b>Medicare or Medicaid statement;</b>  <i>This can include any documentation from the State or Federal Insurance programs. Common examples Medicare/Medicaid statements, unemployment statements, WIC or other public assistance statements or statements issued by a Federal, State or Municipality.</i></p>
<p><b>School record or transcript for current or preceding calendar year;</b>  <i>This includes documentation from all instructional institutions public and private. Common examples include the DS1, School transcripts, student loans or report cards.</i></p>
<p><b>Homeowners insurance policy or bill for current or preceding calendar year;</b>  <i>This includes statements or invoices from insurance or mortgage companies. Common examples include Homeowners insurance bill, statement of claim, binder or cancellation notice.</i></p>
<p><b>Mortgage, payment coupon, deed, or property tax bill for current or preceding calendar year.</b>  <i>This includes documentation for household or other real property. Common examples include household mortgage, settlement or escrow statements, property tax bills, or vehicle registration.</i></p>
<p><b>Additional Approved Documents</b>  <i>Voter Registration card; unexpired firearms license (gun permit); unexpired Merchant Marine License; I-797A; I-797C; correspondence from DDS; other documents issued by Federal/State/Municipal government</i></p>

SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

\_\_\_\_\_,  
Plaintiff

vs.

Civil Action No: \_\_\_\_\_

\_\_\_\_\_,  
Defendant

**COMPLAINT FOR DIVORCE WITH MINOR CHILDREN**

My name is \_\_\_\_\_ and I am  
representing myself in this divorce action. In support of my case, I state as follows:

- 1) **Subject Matter Jurisdiction:** I am the Plaintiff in this action and:

*[Check only one of the following, either (a) or (b).]*

- ☐ (a) I have been a resident of the State of Georgia for more than six (6) months immediately prior to filing this action.
- ☐ (b) I am not a resident of the State of Georgia, but my spouse has been a resident of the State of Georgia for at least six (6) months immediately prior to my filing of this action.

- 2) **Venue:** My spouse's name is \_\_\_\_\_, and he/she is the Defendant in this action.

*[Check only one of the following, either (a), (b), (c), (d) or (e).]*

- ☐ (a) The Defendant is a resident of \_\_\_\_\_ County and is subject to the jurisdiction of this Court.
- ☐ (b) The Defendant is a resident of Georgia in \_\_\_\_\_ County, but the Defendant and I lived together in \_\_\_\_\_ County at the time we separated, I still reside in \_\_\_\_\_ County, and the Defendant has only moved away from \_\_\_\_\_ County within the past six months before the date of my filing this action.
- ☐ (c) The Defendant is a resident of Georgia in \_\_\_\_\_ County, and I live in \_\_\_\_\_ County. The Defendant has acknowledged service of process and consented to the jurisdiction and venue of this Court.

- ☐ (d) The Defendant is not a resident of the State of Georgia, but I am a resident of \_\_\_\_\_ County, Georgia, and:  
[Check only one of the following, either (1), (2), or (3).]
- ☐ (1) The Defendant was formerly a resident of the State of Georgia and currently resides in the State of \_\_\_\_\_. The Defendant is subject to the personal jurisdiction of the Court under Georgia's Long Arm Statute, OCGA § 9-10-91(5).
- ☐ (2) The Defendant has never resided in the State of Georgia and currently resides in the State of \_\_\_\_\_.
- ☐ (3) The Defendant has acknowledged service of process and consented to the jurisdiction and venue of this Court.
- ☐ (e) I am a resident of \_\_\_\_\_ County and the Defendant's whereabouts are unknown to me. I am filing my *Affidavit of Due Diligence* with this *Complaint*, and incorporate it here by reference.

3) **Service of Process:** The Defendant shall be served as provided under OCGA § 9-11-4, in the following manner:  
[Check only one of the following, either (a), (b), or (c).]

☐ (a) The Defendant has acknowledged service of process. I am filing the *Acknowledgment of Service* (which has been signed by the Defendant) with this *Complaint*.

☐ (b) The Defendant may be served by the Sheriff's Department at the Defendant's residence/work address, which is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ (Check only if the Defendant lives outside \_\_\_\_\_ County.)

The Defendant resides outside of \_\_\_\_\_ County, and shall therefore be served by second original, as provided under OCGA § 9-10-72. Service shall be made by the sheriff's department of the county where the Defendant resides.

☐ (c) The Defendant's whereabouts are unknown to me. I am filing my *Affidavit of Due Diligence* with this *Complaint*. The Defendant shall be served by publication as provided under OCGA § 9-11-4(e)(1) for those who cannot be found within the State of Georgia. To the best of my knowledge, the Defendant's last known address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) **Date of Marriage:** *[Check and complete only one of the following, either (a) or (b).]*

☐ (a) The Defendant and I were lawfully married on\_\_\_\_\_.

☐ (b) The Defendant and I are married by common law because we lived together and held ourselves out as husband and wife as of\_\_\_\_\_, which date was prior to January 1, 1997.

5) **Date of Separation:** The Defendant and I last separated on\_\_\_\_\_, and we have remained in a true state of separation since that date.

☐ 6) **Settlement Agreement:** *[Check only if there is a signed agreement.]*

The Defendant and I have entered into a *Settlement Agreement*, which we both want to be incorporated into the *Final Judgment and Decree for Divorce*. The *Settlement Agreement* has been signed by each of us in front of a notary public, and I am filing the *Settlement Agreement* with the Court, together with this *Complaint*.

7) **Grounds for Divorce:** *[Check the ones that you can prove at trial.]*

My grounds for divorce from the Defendant are:

☐ (a) **Our marriage is irretrievably broken.** The Defendant and I can no longer live together and there is no hope that we will get back together.

☐ (b) **Cruel treatment** - The Defendant committed the following acts of cruel treatment toward me: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ (c) **Adultery** - The Defendant has had sexual intercourse with someone else during our marriage.

☐ (d) **Desertion** - The Defendant has intentionally and continually deserted me for at least a year.

☐ (e) **Other grounds** from list in OCGA § 19-5-3, as explained here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 8) **Minor Children** – *[If there are no minor children you should use the Divorce form with No Minor Children.]*

There are \_\_\_\_\_ minor children born of the marriage.

Names	Ages

- 9) **Child(ren)’s current living arrangements:** The minor children currently live at:

Child’s Name	Address	Live with

**The children have lived at this address since approximately:** \_\_\_\_\_

- 10) **Child(ren)’s Past Living Arrangements**

For the past five years, the children lived at the following addressed with the following persons:

Child’s Name	Address	Dates	Lived With

- 11) **Other court actions concerning the children (Choose only one.)**

☐ (a) Plaintiff states that the Plaintiff has not participated as a party or a witness or in any other way in any other litigation concerning custody of the children, and knows of no other actions concerning the custody of the minor children in this or any other state. No person other than the parties to this action has physical custody of the minor children or any claim to custody or parenting time with the minor children.

☐ (b) The minor children have been involved in the following actions:  
*(Please tell the court about the following types of actions: custody, parenting time, family violence, protectiveorders, termination of parental rights, and adoption.)*

<u>County/State/Court</u>	<u>Type of Custody Action</u>	<u>Date Filed</u>	<u>Status</u>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

12) **Others with a custody or Parenting time claim (Choose only one.)**

☐ (a) I know of no other persons, not a party to this proceeding, who has physical custody of the child(ren) or claims to have custody or parenting time rights with respect to theminor child(ren).

**OR**

☐ (b) The following persons who are not a party to this proceeding have custody or parenting time right with the minor children:

<u>Name</u>	<u>Claim</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

13) **Child Custody (Check only one.)**

☐ (a) It is in the best interest of the minor child(ren) for \_\_\_\_\_ to have sole legal and physical custody.

**OR**

☐ (b) Plaintiff and Defendant are both fit to share both temporary and permanent joint legal custody of the minor child(ren). It is in the best interest of the minor child(ren) for \_\_\_\_\_ to have primary physical custody.

**OR**

☐ (c) Plaintiff and Defendant have agreed that it is in the best interest of the minor child(ren) for the parties to have joint legal and physical custody.

A proposed Parenting Plan is attached as Exhibit \_\_\_\_\_.

14) **Child Parenting Time (Choose only one.)**

☐ (a) Plaintiff requests that the Defendant be awarded parenting time with the minor child(ren) as follows (or attach a schedule):

---

---

(b) Parenting time for themselves

---

---

The proposed Parenting Plan includes a parenting time plan or schedule and is attached as Exhibit.

- 15) **Child Support Amount** - Please go to <https://csconlinecalc.georgiacourts.gov/frontend/web/index.php> and complete the Child Support Worksheet.

(If applicable) The issue of child support has already been determined by an Order entered in the Superior Court of \_\_\_\_\_ County, State of \_\_\_\_\_, in Civil Action File No.: \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. Pursuant to said Order, the \_\_\_\_\_ (Plaintiff/Defendant) is currently ordered to pay \$\_\_\_\_\_ per month in child support.

\* Attach the Child Support worksheets which includes a proposed child support award amount from line 13 of the Child Support Worksheet, which is attached to this Complaint for Divorce as Exhibit\_\_\_\_\_.

- 16) **Health Insurance**

☐ The Plaintiff asks that \_\_\_\_\_ shall be required to maintain a policy of medical, dental, and hospitalization insurance for the benefit of the minor child(ren) for so long as the child support obligation set forth herein exists. Costs not covered under the insurance policy shall be divided between custodial and non-custodial parents as follows:

\_\_\_\_\_  
\_\_\_\_\_  
The primary custodial parent asks that Non-custodial parent \_\_\_\_\_ shall provide the \_\_\_\_/\_\_\_\_ primary custodial parent with an insurance identification card or such other acceptable proof of insurance coverage and shall cooperate in submitting claims under the policy.

- 17) **Alimony:** *[Check only one of the following, either (a), (b), or (c).]*

☐ a) I am financially dependent on the Defendant and need the Court to order the Defendant to pay alimony for my support.

☐ b) I am not asking for alimony.

☐ c) The issue of alimony cannot be decided in this action because the Court does not have personal jurisdiction over the Defendant.

- 18) **Marital Property:** *[Check only one of the following, either (a), (b), (c) or (d).]*

☐ (a) The Defendant and I have already divided our marital property, and we are both satisfied with the division.

☐ (b) The Defendant and I do not have any property acquired during our marriage.

☐ (c) The Defendant and I have acquired the following property during our marriage, and I am asking for a fair division of this property:



☐ House located at \_\_\_\_\_

☐ Other real estate, located at \_\_\_\_\_

☐ Mobile home (model: \_\_\_\_\_, year: \_\_\_\_\_)

☐ Pension (mine, worth \$ \_\_\_\_\_; Defendant's, worth \$ \_\_\_\_\_)

☐ Motor vehicles listed here:

☐ Model/year: \_\_\_\_\_

☐ Model/year: \_\_\_\_\_

☐ Model/year: \_\_\_\_\_

☐ Furniture:

☐ Listed here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Listed on separate paper attached to this *Complaint*

☐ Bank accounts and/or other investments:

☐ Listed here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Listed on separate paper attached to this *Complaint*

☐ Other property:

☐ Listed here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Listed on separate paper attached to this *Complaint*

☐ (d) The issue of the division of marital property cannot be decided in this case because none of the property is in Georgia and/or to allow for situations where there may be marital property in GA, but no personal jurisdiction over the Defendant.

19) **Joint or Marital Debts:** *[Check only one of the following, either (a), (b), or (c).]*

☐ (a) The Defendant and I do not have any outstanding joint or marital debts.

☐ (b) The Defendant and I have the following outstanding joint or marital debts, and responsibility for paying them should be as listed below:

<u>Creditor</u>	<u>Balance</u>	<u>Who Should Pay</u>
_____		
_____		
_____		

☐ Listed on separate paper attached to this *Complaint*

☐ (c) The issue of dividing joint and marital debts cannot be decided in this case, because the Court does not have personal jurisdiction over the Defendant.

☐ 20) **Restraining Order Where Violence Has Occurred:**

*[Read instructions carefully and check only if applicable.]*

There is a history of physical violence by the Defendant toward me, and I am afraid that the Defendant will engage in further acts of violence or harassment toward me unless the Court enters a temporary and permanent restraining order.

☐ 21) **Restore Former Name:** *[Check only if applicable.]*

My former name is \_\_\_\_\_, and I am asking the Court to restore that name to me.

The law changes and the information on this website may no longer be correct.

The information on this website is intended only as information and does not constitute legal advice.

Anyone seeking specific legal advice should contact an attorney.

The information on this website was compiled by the Administrative Office of the Courts and approved by the Council of Superior Court Judge 40

WHEREFORE, Plaintiff respectfully requests:

- a) That the parties herein be totally divorced;
- b) That the Court grant temporary and permanent custody as requested in this matter;
- c) That the Court order an equitable division of property;
- d) That the Court award temporary and permanent alimony;
- e) That the Court award the Plaintiff temporary use and possession of the formal marital residence located at \_\_\_\_\_;
- f) That the Court award the Plaintiff temporary use and possession of the vehicle described as follows \_\_\_\_\_;
- g) That the Court enter an Order for Child Support;
- h) That the Plaintiff's name be restored to: \_\_\_\_\_; and
- i) That the Court award such other and further relief as deems equitable and just

Respectfully submitted this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_,  
/S/Plaintiff (self-represented litigants) *pro se* [sign  
here]

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

**IN THE SUPERIOR COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA**

\_\_\_\_\_,  
Plaintiff, )  
)  
)

v. ) Civil Action No. \_\_\_\_\_  
)  
)  
)

\_\_\_\_\_,  
Defendant.

**VERIFICATION**

Personally appeared before me the undersigned who on oath states that the facts set forth in this Complaint are true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Plaintiff (*Self Represented Litigant*)  
**[Sign in the presence of a Notary Public]**

Sworn to and subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of Georgia

My Commission Expires: \_\_\_\_\_

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C H I L D  
S U P P O R T &  
C U S T O D Y

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### **Child Support Payments**

The Georgia Department of Human Services (DHS) Division of Child Support Services' (DCSS) increases the reliability of child support paid by parents when they live apart from their children.

#### **Primary Office:**

47 Trinity Ave. SW.  
Atlanta, GA 30334

**Phone: 1-877-423-4746**

#### **Find Your Child Support Office**

<https://childsupport.georgia.gov/locations>



### **Child/Minor Custody and Visitation**

File a petition to begin child custody proceedings.

You can file a petition for child custody in your county's Superior Court. If you are divorcing, the petition will be included in your divorce papers. You must then serve, or deliver, custody forms to the other party using a process server or sheriff's office.

There are two types of child custody: physical and legal. The child lives with the party with physical custody. The party with legal custody can make major decisions for the child. When legal or physical custody is shared, one parent or guardian is designated as the primary custodial parent and has final say in parenting decisions.

Custody orders stay in place until the child turns 18. If life circumstances change and the custody order needs to be modified, one party can file a petition to modify custody.

Your First 90-Days Home  
*Guide For Your Highest Needs*

To modify custody, they must prove that there has been a material change in circumstances that will impact the child's well-being.

It is recommended that you seek legal advice before petitioning for child custody. You can find an attorney by visiting the [State Bar of Georgia's website](https://gabar.reliaguide.com/home).  
<https://gabar.reliaguide.com/home>

**To Find a Clerk in Your County**

**Visit:** <https://gaclerks.org/clerks/FindMyClerk.aspx>

**Search by county or clerk name.**



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L E G A L  
R I G H T S

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### **Legal Rights**

A good starting place for legal support in Georgia, is researching and making connection with the nonprofit agencies below. Both websites contain helpful information and both agencies can help you secure legal aid and guidance.

#### **Georgia Justice Project**

[www.gjp.org](http://www.gjp.org)

#### **Probation Information Network**

<https://www.probationinfo.org>

### **Record Restrictions**

*NOTE: It is recommended that you consult a lawyer before submitting a records restriction request. Contact GJP or PIN above or visit State Bar of Georgia at <https://gabar.reliaguide.com/home> to locate a lawyer.*

In Georgia, requesting an expungement (officially called [record restriction](#)) for arrests or a pardon for convictions requires distinct processes based on the outcome of the case. For non-convictions, apply to the arresting agency.

For convictions, obtain a pardon from the [State Board of Pardons and Paroles](#) after waiting 5 years, followed by record restriction. <https://pap.georgia.gov/parole-population-georgia/pardons-restoration-rights>

#### **1. Expungement (Record Restriction)**

- Non-Convictions (Dismissals, Nolle Prosequi, Acquittal):
  - Arrests after July 1, 2013: Should be automatically restricted, but you should contact the prosecutor's office to confirm.
  - Arrests before July 1, 2013: Submit a request to the arresting agency (police or sheriff).
- Misdemeanor Convictions: Certain misdemeanors may be eligible for restriction if you have no convictions for at least 4 years and no pending charges.
- First Offender Act: Successful completion automatically allows record restriction.

***\*Visit your county's District Attorney's Office or Solicitor General's Office to determine if there are upcoming record restriction clinics.***

#### **2. Pardon (For Convictions)**

A pardon is required to remove felony convictions from your record and restore rights.



Your First 90-Days Home  
*Guide For Your Highest Needs*

- Eligibility: You must have completed all sentences, paid all fines, and lived a law-abiding life for at least 5 years.
- Application: Submit a [Pardon Application](#) to the State Board of Pardons and Paroles, including a criminal history obtained within 30 days of application. (***form in guide***)

Visit: <http://pap.georgia.gov/pardons-restoration-rights>

Then Visit: <https://portalapps.pap.state.ga.us/pardon/view/>

- Process: The process takes 6–9 months, and you may need a disclosure polygraph if the conviction was for a sex offense.

### 3. **Steps to Take**

1. Obtain your Criminal History: Get a copy of your GCIC report from a local police department to know what is on your record.
2. Contact the Court: Get final disposition documents from the Clerk of Court in the county of conviction.
3. Submit Forms: For arrests, submit to the arresting agency. For pardons, mail the application to the State Board of Pardons and Paroles.

If you were previously granted a pardon or restoration of rights and you would like a copy of the order, please send an email to: [Pardon.Inquiries@pap.ga.gov](mailto:Pardon.Inquiries@pap.ga.gov). Copies are only available via email. We are unable to mail copies.

To qualify for a Pardon for offenses *other than sex offenses which require you to be listed on Georgia's Sex Offender Registry*:

- You must have completed all sentence(s) at least five (5) years prior to applying.
- You must have lived a law-abiding life during the five (5) years prior to applying.
- You cannot have any pending charges.
- All fines must be paid in full.

### **To qualify for a Pardon for sex offenses which require you to be listed on Georgia's Sex Offender Registry:**

- You must have completed all sentences for sex offenses requiring registration at least ten (10) years prior to applying.
- You must have a psychosexual evaluation conducted within 90 days prior to applying. This evaluation must be uploaded to your online application. A list of approved sex offender treatment providers: [Approved Sex Offender Treatment Providers](https://docs.google.com/document/d/1L8n9FK_YGQCzP7TcRASiUrGsHYMNfZnP_OMtMfl_w4A/edit?tab=t.0).  
[https://docs.google.com/document/d/1L8n9FK\\_YGQCzP7TcRASiUrGsHYMNfZnP\\_OMtMfl\\_w4A/edit?tab=t.0](https://docs.google.com/document/d/1L8n9FK_YGQCzP7TcRASiUrGsHYMNfZnP_OMtMfl_w4A/edit?tab=t.0)



Your First 90-Days Home  
Guide For Your Highest Needs

***All costs are the responsibility of the applicant.***

- You must submit to a disclosure polygraph within 90 days prior to applying. This evaluation must be uploaded to your online application. A list of approved polygraph examiners can be here:

**Polygraph Examiners.**

<https://docs.google.com/document/d/1McKlq08JMtshIUN0DpI89hUM5yImEGp9SeMYWHBFpRo/edit?tab=t.0>

***All costs are the responsibility of the applicant.***

- You must provide a current copy of your most recent risk level evaluation as assigned by the Sexual Offender Risk Review Board (SORRB).
- You must have lived a law-abiding life during the ten (10) years prior to applying.
- You cannot have any pending charges.
- All fines must be paid in full.



**Georgia**

**Probation and Parole Field Offices**

To find Georgia Dept. of Community Supervision field offices, **Please Visit:**

<https://dcs.georgia.gov/locations/field-office>

**Early Probation Termination**

To determine eligibility, visit <https://www.gjp.org/probation/> or

**Visit** Georgia Department of Community Supervision (DCS) directly at [early.termination@dcs.ga.gov](mailto:early.termination@dcs.ga.gov).



**Georgia**

**Voting Rights and Registration**

To learn your voter eligibility in 15 seconds, visit Georgia Justice Project at:

<https://www.gjp.org/voting>

If you are eligible to vote, register by visiting:

<https://mvp.sos.ga.gov/s/voter-registration?IsRegisterNow=true#no-back-button>

If you need an ID in order to vote:

**Call** 1-866-432-8683 or text VoteRiders to 1-866-432-8683



## STATE BOARD OF PARDONS AND PAROLES

Terry E. Barnard  
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(404) 656-4661  
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Brian Owens  
Member  
David Herring  
Member  
Meg Heap  
Member

### APPLICATION FOR PARDON / RESTORATION OF RIGHTS

I am applying for (check the appropriate line):

- ☐ Restoration of Civil and Political Rights (for eligibility requirements, see Page 13, Section 1) ☐
- ☐ Pardon (for eligibility requirements, see Page 13, Section 2)
- ☐ Restoration of Right to Receive, Possess or Transport in Commerce a Firearm  
(for eligibility requirements, see Page 14, Section 3)
- ☐ Waiver of Waiting Period (for eligibility requirements, see Page 14, Section 4)
- ☐ Pardon for Misdemeanor Convictions (for eligibility requirements, see Page 14, Section 5)

#### Additional Information:

- \*The State Board of Pardons and Paroles (SBPP) cannot pardon federal offenses or offenses that occurred in other states. A pardon may only be granted for a state of Georgia conviction.
- \* The SBPP will not restore firearm rights to a person dishonorably discharged from the Armed Forces.
- \*The SBPP cannot expunge (remove from your record) any charges or convictions you have received nor can the SBPP seal your records.
- \*The right to vote is automatically restored upon completion of sentence(s). See your local Registrar's Office for registration.
- \*The SBPP will process your application for *Pardon* if you have Dead Docket cases on your criminal record. However, the SBPP does not have the authority to pardon Dead Docket cases. You will need to seek a disposition on such case(s) through the court which originally brought the charge(s). If you are subsequently convicted on the charge(s), you will need to apply for another Pardon through the SBPP once you meet the eligibility requirements.
- \*The SBPP will not process your application for *Firearm Rights Restoration* if you have Dead Docket cases on your criminal record. You will need to first seek a disposition on such case(s) through the court which originally brought the charge(s).
- \*If you have Time Expired Restriction cases on your Georgia criminal history (misdemeanor or felony), you will need to obtain dispositions on each before the SBPP can consider your case. Please visit <http://gcicweb.gbi.state.ga.us/content/disposition-recovery-project-overview> for explanation.
- \*If you are seeking a pardon for a sex offense and you are still registered on Georgia's Sex Offender Registry, **DO NOT** apply using this application. Please complete the *Sex Offender Pardon Application* found on the SBPP website.

**PLEASE PRINT:**

\_\_\_\_\_  
Name (as it appears on court documents) Social Security Number

\_\_\_\_\_  
Other names you are known by

\_\_\_\_\_  
Sex (Male or Female) Race Date of Birth Current County of Residence

\_\_\_\_\_  
Street Address City/State Zip Code

\_\_\_\_\_  
Home Telephone Number Cell Phone Number Daytime Phone Number

\_\_\_\_\_  
Email Address Inmate # (if applicable)

\_\_\_\_\_  
SID# (if known) FBI# (if known) ICE# (if known - begins with A)

Are you a U.S. citizen? ( ) YES ( ) NO

If not, what is your current citizenship status? \_\_\_\_\_

What was your citizenship status at the time of the offense(s)? \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Marital status: Never married: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_ Separated: \_\_\_\_\_  
*For each marriage, state the following: (If you need more space, you may attach additional sheets.)*

Name of spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date/place of divorce: \_\_\_\_\_

Name of spouse: \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Date/place of divorce: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION (cont.)**

If you have minor children, but do not have custody of one or more of them, indicate whether and to whom you pay child support, whether your payments are current, and, if not, the reason for your failure to pay and any agreements you have made to satisfy your payment obligation.

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Are there any children under the age of 18 living in your home? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If yes, list names and ages. (If you need more space, you may attach additional sheets.)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Provide the full physical address (not post office box) of each place you have lived in the past 10 years, beginning with the present and working backwards, along with the dates you lived at each location. *(If you need more space, you may attach additional sheets.)*

_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

**EDUCATION**

Last grade completed: \_\_\_\_\_

High School Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

College and/or Technical School Attendance:

Name of institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Date obtained: \_\_\_\_\_

### **EDUCATION (cont.)**

Name of institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Date obtained: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Degree: \_\_\_\_\_ Date obtained: \_\_\_\_\_

### **MILITARY SERVICE**

Have you ever served in the armed forces of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

***If yes, you are required to attach a copy of your DD-214 or some other official document to prove military service.***

Date(s) of service: \_\_\_\_\_ Branch(s): \_\_\_\_\_

Service Number: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Decorations (if any): \_\_\_\_\_

If you were other than Honorably Discharged, describe in detail the factual circumstances surrounding your discharge. Attach a copy of your DD-214. *If you need more space, you may attach additional sheets.*

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### **EMPLOYMENT**

List all periods of employment and unemployment since the conviction or release from incarceration, beginning with the present and working backwards. **(Please attach a current pay stub or W2 to verify your present employment, if employed. Please attach proof of disability if receiving disability/SSI)** *If you need more space, you may attach additional sheets.*

Name of Current/Last Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

**EMPLOYMENT (cont.)**

Phone: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Reason for leaving (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

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Name of Previous Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Reason for leaving (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

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Name of Previous Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Reason for leaving (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Since your incarceration, have you been fired or left a job following allegations of misconduct or unsatisfactory job performance? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please provide an explanation of the circumstances. *If you need more space, you may attach additional sheets.*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBSTANCE ABUSE AND MENTAL HEALTH HISTORY**

Have you used any illegal drugs or abused prescription drugs or alcohol since the completion of the last sentence for which you seek pardon? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, identify the drug(s) used, the dates of drug or alcohol abuse, and the frequency of such use. *(If you need more space, you may attach additional sheets.)*



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Have you ever been involved in the illegal manufacture, sale, or distribution of drugs other than the offense(s) for which you seek pardon? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, provide complete details of your involvement. *(If you need more space, you may attach additional sheets.)*

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Have you ever sought or participated in counseling, treatment, or a rehabilitation program for drug use or alcohol use? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, identify the date(s) of treatment or counseling and the name of the treatment provider. *(If you need more space, you may attach additional sheets.)*

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Have you ever consulted with a mental health professional (psychiatrist, psychologist, or counselor), or with another health care provider, concerning a mental health related condition? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **SUBSTANCE ABUSE AND MENTAL HEALTH HISTORY (cont.)**

If yes, identify the date(s) of treatment or counseling and the name of the treatment provider. *(If you need more space, you may attach additional sheets.)*

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**CIVIL AND FINANCIAL INFORMATION**

Are you currently in default or delinquent in any way in the payment or discharge of any debt or financial obligation imposed upon you (other than child support obligations as indicated on Page 3)? Yes: \_\_\_\_ No: \_\_\_\_

If yes, state the amount of the debt, the name of the creditor, the reason for the failure to pay, and the terms of any agreement(s) you have made to satisfy the obligation. *(If you need more space, you may attach additional sheets.)*

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Have you ever been a party in a civil lawsuit? Yes: \_\_\_\_ No: \_\_\_\_

If yes, identify the court in which it was filed, the case number, the nature of the dispute and the final disposition. *(If you need more space, you may attach additional sheets.)*

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Do you have any pending judicial or administrative proceedings with the federal, state or local government?

Yes: \_\_\_\_ No: \_\_\_\_

If yes, state the name of the authority involved, the jurisdiction in which the proceeding is pending, the case number, the nature of the proceeding, and the current status of the matter. *(If you need more space, you may attach additional sheets.)*

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**CHARITABLE AND COMMUNITY ACTIVITIES**

Describe any charitable or civic activities in which you have been engaged, or other contributions you have

made to the community, since your conviction. In this regard, you may include the names of any organizations in which you have participated, the time periods of your participation, and your role in these activities. *(If you need more space, you may attach additional sheets.)*

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### **APPLICANT'S VERSION OF OFFENSE(S)**

In your own words, provide a complete and detailed account of the relevant factual circumstances of all offense(s) for which you are seeking a Pardon, Restoration of Firearm Rights and/or Restoration of Civil and Political Rights. *(If you need more space, you may attach additional sheets.)*

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### **JUSTIFICATION FOR PARDON CONSIDERATION**

Please explain your reasons for applying for a Pardon, Restoration of Firearm Rights, and/or Restoration of Civil and Political Rights. Include a summary of how your life and situation or circumstances have changed

since your last arrest. Also include the reasons you feel you are a good candidate for Pardon, Restoration of Firearm Rights, and/or Restoration of Civil and Political Rights, as well as the circumstances which you feel support such action. If you are applying for a waiver of the applicable waiting period (as described on Page 14), please explain IN DETAIL how your conviction is delaying qualification for employment in your chosen profession. (If you need more space, you may attach additional sheets.)

[illegible]

## 56

On penalty of false swearing, I declare hereby that every statement by me is true and correct. I affirm I have not omitted any requested information. I fully understand any order issued by the Board in reliance on false, inaccurate, or incomplete information will be null and void and of no effect at all. I have not concealed any convictions or unpaid fines. I understand the Board's decision may not be appealed.

Respectfully submitted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of applicant

Subscribed before me:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date of Commission

## Waiver to Release Information

I \_\_\_\_\_, for the purpose of a background investigation being conducted by the Georgia State Board of Pardons and Paroles (SBPP), authorize the release of my employment history to SBPP. I further authorize the release to the SBPP of any criminal history record information pertaining to me which may be in the files of any jurisdiction, whether federal, state, or local criminal justice agency in Georgia. I authorize the release of any and all information described above to any designated representative of the SBPP.

A photocopy of this form may be used in lieu of the original.

Full Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Sex/Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed before me:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date of Commission

## State Board of Pardons and Paroles



### WAIVER TO RELEASE INFORMATION FOR APPLICANTS BEING CONSIDERED FOR RESTORATION OF FIREARM RIGHTS\*

TO WHOM IT MAY CONCERN:

I hereby authorize and request release of any confidential records and information as may be requested by investigating personnel of the Board of Pardons and Paroles of the State of Georgia.

The confidential records and information covered by this release include, but are not limited to, records maintained by the following agencies: juvenile courts, hospitals and mental health centers, drug or alcohol treatment facilities, and educational institutions. Other records included are military records, employment records, tax and credit records, and medical records maintained by private physicians.

A photocopy of this authorization shall be considered as effective and valid as the original.

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Subscribed before me:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date of Commission

**\*For completion by applicants applying for Restoration of Firearm Rights ONLY. If you are applying for Pardon and/or Restoration of Civil & Political Rights only, this waiver IS NOT REQUIRED.**

## APPLICATION INFORMATION AND INSTRUCTIONS

- All applicants are required to submit a criminal history obtained within 30 days of submission of a completed Pardon application. Most Sheriff's Offices offer this service for a fee. Those applicants residing out of state can contact their local FBI office for a national criminal check.
- To obtain disposition documents, contact the Clerk of Court in the county of conviction.
- If you have Time Expired Restriction cases on your Georgia criminal history (misdemeanor or felony), you will need to obtain dispositions on each before the SBPP can consider your case. Please visit <http://gcicweb.gbi.state.ga.us/content/disposition-recovery-project-overview> for explanation.
- All mailed applications must be submitted with a self-addressed, stamped, 9½" x 4" envelope - no oversized envelopes.

### **Section 1: Restoration of Civil and Political Rights**

This restores a person's civil rights which are lost in Georgia at the time of conviction. These include the right to run for and hold public office, to serve on a jury, and to serve as a Notary Public. The right to vote is automatically restored upon completion of your sentence(s); therefore, you do not need to submit an application for restoration of that right.

- Applicants for civil and political rights will be considered only if the applicant has completed his/her full sentence obligation, including serving any probated sentence and paying any fine, and has been free of supervision (custodial or non-custodial) and/or criminal involvement for at least **two consecutive years thereafter as well as two consecutive years immediately prior to applying**.

### **Section 2: Pardon (State of Georgia convictions only)**

This is an order of official forgiveness and is granted to those individuals who have maintained a good reputation in their community following the completion of their sentence(s). A pardon is an official statement attached to the criminal record noting that the state of Georgia has pardoned the crime. It does not expunge, remove, or erase the crime from your record. It may serve as a means for an applicant to advance in employment or education.

- A pardon will also restore your civil and political rights.
- Applicants for pardon and/or restoration of firearm rights will be considered only if the applicant has completed his/her full sentence obligation, including serving any probated sentence and paying any fine, and has been free of supervision (custodial or non-custodial) and/or criminal involvement for at least **five consecutive years thereafter as well as five consecutive years immediately prior to applying, unless the applicant is a registered sex offender, in which instance he/she must have completed his/her full sentence obligation and been free of supervision and/or criminal involvement for at least 10 consecutive years thereafter as well as 10 consecutive years immediately prior to applying**.
- You cannot have any pending charges.
- All fines must be paid in full.
- A personal face-to-face interview will be required with a SBPP staff member at a location determined by SBPP staff. This also applies to applicants who reside out of state who will be required to meet with an investigator within the confines of the state of Georgia. Photo identification must be provided at the time of the interview.
- If you are seeking a pardon for a sex offense AND you are still registered on Georgia's Sex Offender Registry, **DO NOT** apply using this application. Please complete the *Sex Offender Pardon Application*



### **APPLICATION INFORMATION AND INSTRUCTIONS (cont.)**

found on the SBPP website ([pap.georgia.gov](http://pap.georgia.gov)).

- If you are seeking a pardon for a sex offense for which you were previously required to register on Georgia's Sex Offender Registry but have been removed from the registry, you may use this application. However, you **MUST** provide certified documentation proving the removal.

### **Section 3: Restoration of Right to Receive, Possess, or Transport in Commerce a Firearm**

- Applicants for restoration of firearm rights will be considered only if the applicant has completed his/her full sentence obligation, including serving any probated sentence and paying any fine, and has been free of supervision (custodial or non-custodial) and/or criminal involvement for at least **five consecutive years thereafter as well as five consecutive years immediately prior to applying, unless the applicant is a registered sex offender, in which instance the applicant must have completed his/her full sentence obligation and been free of supervision and/or criminal involvement for at least 10 consecutive years thereafter as well as 10 consecutive years immediately prior to applying.**
- A Restoration of Firearm Rights for Georgia offenses will be issued in conjunction with a Pardon; for out of state offenses, such restoration will be issued in conjunction with a Restoration of Civil and Political Rights.
- You must submit three (3) letters of reference from citizens (non-family members) of unquestionable integrity. The letters should indicate how long the reference has known you, in what capacity, and why the reference feels you are deserving of a Restoration of Firearm Rights. All three (3) letters of reference must contain the reference's address and phone number, as an investigator may contact the reference to validate authenticity. All letters should be dated, signed by the reference, and notarized.
- A personal face-to-face interview will be required with a SBPP staff member at a location determined by SBPP staff. This also applies to applicants who reside out of state who will be required to meet with an investigator within the confines of the state of Georgia. Photo identification must be provided at the time of the interview.

### **Section 4: Waiver of Waiting Periods**

Individuals may request a waiver of the two (2), five (5), or 10-year eligibility requirement if the waiting period is shown to delay qualification for employment in one's chosen profession. In addition to the completed Pardon or Restoration of Rights application:

- You must submit three (3) letters of reference from citizens (non-family members) of unquestionable integrity. The letters should indicate how long the reference has known you, in what capacity, and why the reference feels you are deserving of waiver of the applicable waiting period. All three (3) letters of reference must contain the reference's address and phone number, as an investigator may contact the reference to validate authenticity. All letters should be dated, signed by the reference, and notarized.
- You must provide documentation from your employer or potential employer which substantiates the need for a waiver of the applicable waiting period.

### **Section 5. Pardons for Misdemeanor Convictions**

Generally, an individual convicted of a misdemeanor offense does not lose any rights such that a pardon is necessary to restore them. As a result, the Board typically does not consider requests to be pardoned for a

misdemeanor conviction. However, there are some instances where a Pardon is necessary and the Board will consider making an exception. Individuals may request a Pardon for a misdemeanor conviction(s) in the

### **APPLICATION INFORMATION AND INSTRUCTIONS (cont.)**

following circumstances and must provide documentation to verify the specific situation warranting the Board's action:

- Adoption / Custody / Foster Care/ Daycare (copies of court documents)
- Section VIII (8) Housing (application). (Note: federal law may prohibit some drug offenders and sex offenders from being admitted into public housing.)
- Truck driver into Canada (letter from employer)
- Education (supporting documents)
- Employment (supporting documents)
- Immigration (proof of immigration status, e.g., foreign passport, legal residency card/green card, immigrant/non-immigrant visa, employee authorization document, domestic driver's license, birth certificate, refugee travel document, etc.)
- Peace Officer Standards and Training Council (POST). For additional information on law enforcement qualifications, please see POST Council Rule number 464-3-02(1)(g) at the following link:  
<http://www.gapost.org/Rules/3offert.html>.
- Simple battery - Family Violence

### **Glossary of Terms**

**Restoration of Civil and Political Rights** – This is an order restoring a person's civil rights which are lost in Georgia upon conviction. These rights include: the right to run for and hold public office, the right to serve on a jury, and the right to serve as a Notary Public. The right to vote is automatically restored upon completion of your sentence(s); therefore, you do not need to submit an application.

**Pardon** – This is an order of official forgiveness and is granted to those individuals who have maintained a good reputation in their community following the completion of their sentence(s). A Pardon is an official statement attached to the criminal record which affirms that the state of Georgia has pardoned the crime. It does not expunge, remove, or erase the crime from your record. It may serve as a means for an applicant to advance in employment or education.

### **Frequently Asked Questions**

**What is the difference between a restoration of rights and a pardon?** Restoration of civil and political rights, if granted, will restore the right to run for and hold public office, to serve on a jury, and to serve as a Notary Public. A pardon is an act of official forgiveness and is granted only in exceptional cases. It may serve as a means for the applicant to advance in employment or education. A pardon does not expunge (remove) an offense from your record.

**Do I need an attorney to apply?** No, you do not need an attorney to apply for a Pardon or Restoration of Civil and Political Rights.

**Is there a fee to apply?** No, there is no application fee.

### **Frequently Asked Questions (cont.)**

**How long does it take for my application to be processed?** The entire process can be lengthy since all information you provide must be verified. On average, processing an application takes approximately *six to nine months* and may take longer based on the Board's workload.

**What will happen if I cannot obtain my criminal history or dispositions for my convictions?** Your application will not be processed without the Georgia criminal history and certified sentence document for any disposition not showing on your record.

**When am I eligible to apply for a Pardon?** You must have completed all sentence obligations, including any probation, and been free of supervision (custodial or non-custodial) and/or criminal involvement for at least five (5) consecutive years thereafter as well as five (5) consecutive years immediately prior to applying, unless you are a registered sex offender, in which you must have completed all sentence obligations and been free of supervision and/or criminal involvement for at least 10 consecutive years thereafter as well as 10 consecutive years immediately prior to applying. You can have no pending charges against you. All fines must be paid in full. HOWEVER, if you are seeking a Pardon for a sex offense which has required you to be listed on Georgia's Sex Offender Registry, there are additional requirements and you must apply using the Sex Offender Pardon application found on the SBPP's website.

**Can I apply for restoration of firearm rights if I have a Dead Docket case(s) on my criminal history?** No. You need to have all Dead Docket cases disposed of prior to applying for restoration of firearm rights. THIS DOES NOT APPLY IF YOU ARE SEEKING RESTORATION OF CIVIL AND POLITICAL RIGHTS AND/OR PARDON ONLY.

**Will my conviction still show on my record?** Yes, however, a Pardon or Restoration of Civil and Political Rights will become part of your criminal history record.

**How do I get a Record Expungement?** This is not a function/duty of the Parole Board. To research details regarding a Record Expungement, go to OCGA Section 35-3-37 for Georgia law requirements.

**If I receive a Pardon, and then I am asked by an employer or future employer whether I have been convicted of a crime, do I answer "no" since I received a Pardon?** You must answer "yes" to your employer or future employer. Explain that you have received a Pardon and provide a copy of your Pardon paperwork.

**What is a Restoration of Civil and Political Rights?** A Restoration of Civil and Political Rights is an order restoring the right to run for and hold public office, to sit on a jury, and to serve as a Notary Public. Restoration of Civil and Political Rights does not automatically include the right to possess, own or carry a firearm; it must be specifically granted by the Board.

**When am I eligible to apply for Restoration of Civil and Political Rights?** You must have completed all sentence obligations, including probation and payment of all fines, and been free of supervision (custodial or

non-custodial) and/or criminal involvement for at least two (2) consecutive years thereafter as well as two (2) consecutive years immediately prior to applying.

### **Frequently Asked Questions (cont.)**

**Is a Restoration of Civil and Political Rights a separate process from a Restoration of Firearm Rights?**

Yes, these are different processes. If you would like to have your firearm rights restored, you must check the line on the application for “Restoration of Right to Receive, Possess, or Transport in Commerce a Firearm” and meet the applicable requirements. A personal interview will be required for firearm restorations.

**Can I bow hunt even if I do not receive a Pardon or Restoration of Civil and Political Rights?** Yes, you may bow hunt without a Pardon or Restoration of Civil and Political Rights.

**Is a muzzleloader considered a firearm?** Yes, a muzzleloader is considered a firearm.

**Do I have to apply with the Parole Board to restore my right to vote?** No, your right to vote is automatically restored upon termination of your sentence(s). However, you must re-register with your local registrar’s office in the county of your residence. To find your local registrar’s office, visit this site: <https://sos.ga.gov/how-to-guide/how-guide-registering-vote>

**Do I need to apply with the Parole Board to restore my right to sit on a jury?** Yes, you must apply for a Pardon or Restoration of Civil and Political Rights in order to sit on a jury.

**Do I need to apply with the Parole Board to restore my right to run for public office?** Yes, you must apply for a Pardon or Restoration of Civil and Political Rights to run for public office, in addition to meeting any other requirements under state and/or federal law.

**Do I need to apply with the Parole Board to restore my right to apply to be a Notary Public?** Yes, you must apply for a Pardon or Restoration of Civil and Political Rights to apply to be a Notary Public.



Your First 90-Days Home  
*Guide For Your Highest Needs*

## Sources:

Georgia Department of Community Supervision  
<https://dcs.georgia.gov>

Georgia Department of Driver's Services  
<https://dds.georgia.gov>

Georgia Justice Project  
[www.gjp.org](http://www.gjp.org)

Probation Information Network  
<https://www.probationinfo.org>

State of Georgia  
<https://georgia.gov>

Vital Forms  
<https://www.vitalformsdirect.com>

U.S. Department of State  
<https://eforms.state.gov>

Social Security Administration  
<https://secure.ssa.gov>

Early Warning Services  
<https://consumerservices.earlywarning.com>

ChexSystems  
<https://www.chexsystems.com>

Annual Credit Report  
[www.annualcreditreport.com](http://www.annualcreditreport.com)

Georgia Courts  
<https://www.georgiacourts.gov>

State Bar of Georgia  
<https://gabar.reliaguide.com/home>

State Board of Pardons and Paroles  
<https://pap.ga.gov>

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