### STATE COURT OF FULTON COUNTY



2024 Appointment of Permanent Process Server Packet

#### State Court Permanent Process Servers

1<sup>st</sup> Time Applicant \_\_\_\_ Renewal \_

Any and all permanent process server orders from the State Court of Fulton County will expire on December 31, 2023. Any person who seeks to be appointed as a permanent process server in the State Court of Fulton County must apply for a new appointment Order. The new application and instructions are available online at http://fultonstate.org/process-server-instructions-application/. There will be an appointment order for the State Court of Fulton County that will authorize the applicant to serve in the State Court. The order will allow private process servers to serve lawsuits and other legal actions in the State Court of Fulton County and be effective on and after January 1, 2024. All new appointment orders effective on or after January 1, 2024 will expire December 31, 2024, regardless of when applied for and granted. Persons wishing to continue to serve lawsuits in the State Court of Fulton County on or after December 31, 2023 must re-apply for a new appointment order.

Applicants must meet the following requirements to be considered for appointment:

- $\Rightarrow$  Must submit an application for review or renewal;
- $\Rightarrow$  Must be at least 18 years of age;
- $\Rightarrow$  Must possess a valid Driver's License;
- ⇒ Must submit a name-based criminal background check run within 2 weeks of application that shows you have not committed any serious criminal offenses;
- ⇒ Must have completed the Georgia Process Servers 12-Hour Pre-Certification Training;
- ⇒ Must have completed the 5 hour Continuing Education Classes and submit certificate;
- $\Rightarrow$  Must have passed the Georgia Certified Process Server State Examination;
- $\Rightarrow$  Must be endorsed by a member in good standing of the State Bar of Georgia.

For more information about becoming a Georgia Process Server access the Judicial Council of Georgia Administrative Office of the Courts website at www.georgiacourts.gov/ps/.

#### Application Process

Anyone seeking to serve as a Process Server shall complete the application below and submit it to the State Court Self-Help Center. If accepted upon initial review, the application will be presented by the Court Administrator to the Chief Judge, or designee, for final review. A copy of the 2024 Process Server Order will be available to view and print from our website http://fultonstate.org/process-server-instructions-application/.

#### Application Submittal Dates

Process Server application for 2024 must be received no later than Friday, December 1, 2023. Please follow the checklist included in the cover letter, and complete the application. Incomplete applications will not be processed. Applications may be submitted by certified mail or hand-delivered to:

State Court of Fulton County Attn: Mr. DeAndre Moore Director of Court Services 185 Central Avenue, SW Suite TG 800 Atlanta, Georgia 30303

If you have any questions about the application process or you need another application, you can email Mr. Moore at deandre.moore@fultoncountyga.gov.

#### Notification Process

Once the 2024 Process Server Application is reviewed, the approved process server order will be available to review and print on the Fulton County State Court website at http://fultonstate.org/process-server-instructions-application/.

#### Process Server Appointment Term

If approved, your 2024 Process Server Appointment will become valid on January 1, 2024 and continue until December 31, 2024.

For more information or if you have any further questions about the 2024 Process Server application process, please contact the Director of Court Services at deandre.moore@fultoncountyga.gov.

#### STATE COURT OF FULTON COUNTY

Application for Appointment of Permanent Process Server

#### Fulton County State Court 2024 Process Server Cover Letter and Certification Application

| DATE: | //  |
|-------|---|
| TO:   | Fulton County State Court Process Server Review Panel |
| FROM: |   |

| RE: | Process Server Application |
|-----|----------------------------|
|-----|----------------------------|

Attached is my completed 2024 Process Server Application. I have attached proof of and completed the following requirements:

- ⇒ Completed Fulton County State Court Process Server Application.
- ⇒ Attached a copy of a name-based criminal background check run within 2 weeks of application that shows I have not committed any serious criminal offenses.
- $\Rightarrow$  Legible copy of my valid Georgia Driver's License.
- ⇒ Certificate of completion of the Georgia Process Servers 12-Hour Pre-Certification Training.
- $\Rightarrow$  Proof of passing score on the Georgia Certified Process Server State Examination.

#### **Certification**

I certify that the information given in this application is true and correct to the best of my knowledge and belief. I hereby authorize the State Court of Fulton County to verify any information contained in this application or supporting supplements to this document. <u>I UNDERSTAND THAT THE STATE</u> <u>COURT HAS THE DISCRETION TO APPROVE, WITHHOLD OR REVOKE MY STATUS AS A</u> <u>PROCESS SERVER FOR THE STATE COURT</u>.

Signature:

Date: /\_\_\_/

## **SECTION I - Personal Information**

| Name:        |         |            |       |              |             |              |            |
|--------------|---------|------------|-------|--------------|-------------|--------------|------------|
|              | Last N  | lame       | Firs  | st Name      | Midd        | lle Name     |            |
| Address:     |         |            |       |              |             |              |            |
|              | Street  | t          | Cit   | y            | Stat        | e            | Zip Code   |
| Phone:       |         |            |       |              |             |              |            |
|              | Home    |            | Wo    | ork          | Cell        |              |            |
| Email:       |         |            |       |              | (required   | information) |            |
|              |         |            | SECT  | ON II - Educ | ation       |              |            |
| нідн ѕсно    | OOL     |            |       |              |             |              |            |
| Name of Scl  | nool:   |            |       |              |             |              |            |
| Address of S | School: |            |       |              |             |              |            |
|              |         | Street Add | ress  |              |             |              |            |
|              |         | 0:1        |       | Otata        | Zin Oada    |              |            |
|              |         | City       |       | State        | Zip Code    |              |            |
| Date of Leav | /ing:   |            |       |              | Did You Gr  | aduate: 🗆 Ye | es □ No    |
| Highest Grad | de Com  | pleted:    | 🗆 9th | □ 10th       | □ 11th      | □ 12th       |            |
| COLLEGE O    | R UNIV  | ERSITY     |       |              |             |              |            |
| Name of Sch  | nool:   |            |       |              |             |              |            |
| Address of S | School: |            |       |              |             |              |            |
|              |         | Street Add | ress  |              |             |              |            |
|              |         | City       |       | State        | Zip Code    |              |            |
|              |         | -          |       |              |             |              |            |
| Dates Attend | ded:    | //         | / to  | _//          | Did `       | You Graduate | e:□Yes □No |
| Credit Hours | Earne   | d:         | 0 (   | Quarters 🗆 S | Semesters   |              |            |
| Degree:      |         |            |       | Yea          | ar Awarded: |              |            |

# COLLEGE OR UNIVERSITY Name of School: Address of School: Street Address City State Zip Code Dates Attended: \_\_\_\_/ \_\_\_/ to \_\_\_/ \_\_\_ Did You Graduate: □ Yes □ No Degree: \_\_\_\_\_ Year Awarded: \_\_\_\_\_ SECTION III - Employment Record (Attach Additional Pages If Necessary) Employer: Name Street Address City State Zip Code Name and Title of Immediate Supervisor: Your Job Title: Description of duties and responsibilities: \_\_\_\_\_ Employer: Name Street Address City State Zip Code

| Name and              | Title of Imme | ediate Supervisor:  |          |  |
|-----------------------|---------------|---------------------|----------|--|
| Your Job T            | ïtle:         |                     |          |  |
| Description           | of duties an  | d responsibilities: |          |  |
|                       |               |                     |          |  |
|                       |               |                     |          |  |
|                       |               |                     |          |  |
| Employer:             | Name          |                     |          |  |
|                       | Street Add    |                     |          |  |
|                       | City          | State               | Zip Code |  |
| Name and              | Title of Imme | diate Supervisor:   |          |  |
| Your Job Ti           | itle:         |                     |          |  |
|                       |               |                     |          |  |
|                       |               |                     |          |  |
|                       |               |                     |          |  |
|                       |               |                     |          |  |
| Employer:             | Name          |                     |          |  |
|                       | Street Add    | ress                |          |  |
|                       | City          | State               | Zip Code |  |
| Name and <sup>-</sup> | Title of Imme | diate Supervisor:   |          |  |

| Your Job Title:   |
|---|
| Description of duties and responsibilities:   |
|   |
|   |
|   |
| SECTION IV - Professional Licenses  |
| List all professional licenses now or ever held to include the name of the organization, dates of licensure and any disciplinary proceedings. |
| License: Organization:  |
| Dates of Licensure:/ to/  |
| Disciplinary Actions:   |
|   |
| License: Organization:  |
| Dates of Licensure:/ to//   |
| Disciplinary Actions:   |
|   |

#### SECTION V - Violation of Law

The following questions have to do with violations of the law. A conviction for a violation does not automatically mean that you cannot be appointed. Give all pertinent facts so that a decision can be made. In answering these items, you may omit minor traffic violations.

- 1. Have you ever been convicted of an offense against the law?
- 2. Have you ever been convicted of an offense while in military service? 
  Yes
  No
- 3. Was any conviction pursuant to an adjudication in a juvenile court, a youthful offender act or a

first offender act? □ Yes □ No

If the answer to any of the above items is "Yes", give details below. For each offense, provide the date, charge, place, court, and action taken. Attach extra sheets if necessary.

| Offense #1                   |         |                                       |
|------------------------------|---------|---------------------------------------|
| Date://                      | Charge: |                                       |
| Place of Occurrence:<br>City | State   | Court:<br>Felony/Misdemeanor & County |
| Action Taken:                |         |                                       |
| Offense #2                   |         |                                       |
| Date://                      | Charge: |                                       |
| Place of Occurrence:<br>City | State   | Court:<br>Felony/Misdemeanor & County |
|                              |         |                                       |
| Offense #3                   |         |                                       |
| Date://                      | Charge: |                                       |
| Place of Occurrence:<br>City | State   | Court:<br>Felony/Misdemeanor & County |
| Action Taken:                |         |                                       |
|                              |         |                                       |

SECTION VI - References Names and addresses of two (2) persons who have knowledge of your character and qualifications and whom we may contact (do not include relatives or former employers).

| Reference #             | ¥1                      |  |   |         |
|-------------------------|-------------------------|--|---|---------|
| Name:                   | <u>.</u>                |  |   |         |
| Address:                | Street Address          |  |   |         |
|                         | City                    | State  | Zip Code  |         |
| Phone:                  | <u></u>                 |  |   |         |
| Reference #             | <b>#</b> 2              |  |   |         |
| Name:                   |                         |  |   |         |
| Address:                | Street Address          |  |   |         |
|                         | City                    | State  | Zip Code  |         |
| Phone:                  | 3                       |  |   |         |
| State Court of perjury. | of Fulton County, and s | SECTION VII - Certification of my request to be appointed swear that the information inc               | ed as a "Permanent Proc<br>luded therein is true unde |         |
|                         | day of                  | , 20   |   |         |
| Signature of            | Applicant               |  | Notary Public   |         |
| Print Full Leg          | al Name of Applicant    |  | My Commission Expires                                 | <u></u> |
| to be appoint           |                         | <b>SECTION VIII - Endors</b><br>standing of the State Bar of G<br>ocess server of Fulton County<br>by. | eorgia hereby endorses t                              |         |
| This                    | day of                  | , 20   |   |         |
| Attorney at L           | aw                      |  | Bar Number  |         |
| 5. H O O.               |                         | Ann line tion  |   |         |

#### STATE COURT OF FULTON COUNTY AFFIDAVIT/MOTION FOR PERMANENT SPECIAL PROCESS SERVER

Petitioner: \_\_\_\_\_

Petitioner files this Affidavit/Motion pursuant to Georgia Code Annotated, Section 81 A-104 © (9-11-4) and petitions this Court for an Order authorizing \_\_\_\_\_\_\_\_, a citizen of the United States, to serve copies of Summons and Complaints as due process in actions discretionary by this Court, including but not limited to dispossessory actions , within the jurisdiction of this Court effective beginning January 1, 2024 and expiring on December 31, 2024.

Name

Address

City, State, Zip Code

Phone Number