



GEORGIA DEPARTMENT OF DRIVER SERVICES  
 P.O. BOX 80447  
 CONYERS, GEORGIA 30013

**OFFICIAL NOTICE OF REVOCATION/SUSPENSION SERVICE BY COURT**

READ INSTRUCTONS ON REVERSE SIDE BEFORE COMPLETING FORM

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address \_\_\_\_\_ License No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**YOU ARE OFFICIALLY NOTIFIED** that as provided by Georgia Law the following offenses(s) will result in revocation/suspension of your driver's license upon conviction for the following offense(s):

The period of revocation/suspension will be determined by the Department of Driver Services for the term authorized by law. The Department shall notify you of the period of revocation/suspension at your address on record with the Department; or, if you do not have a driving record in Georgia, at the address provided by you on this form.

**YOU ARE HEREBY ORDERED** to surrender any learner's permits, operator's, chauffeur's, and/or veteran's license in your possession and particularly the below numbered license(s), to the clerk of this court to be forwarded to the Department of Driver Services, P.O. Box 80447, Conyers, Georgia 30013.

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_ License Number \_\_\_\_\_  
 License picked up? YES  NO  License Affidavit? YES  NO  Lost

Other \_\_\_\_\_

Serving Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name and Title \_\_\_\_\_

**Evelyn A. Clark, Litigation Manager**

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_ Print Name and Title \_\_\_\_\_

**Office of the Solicitor General of the State Court of Fulton County (404) 612-4800**

Agency Serving Order \_\_\_\_\_ Telephone Number \_\_\_\_\_

**160 Pryor Street SW, Suite J-301 Atlanta GA 30303**

Agency's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**HEARING INFORMATION AND INSTRUCTIONS ON REVERSE SIDE**