Request for Adjudication on Outstanding Citations ***Download form, complete, save to desktop, and attach to email for submission***

Date:	• •
Name:	Phone Number:
Current address:	
City, State, Zip code:	
Date of birth:	Drivers' License no:
Email Address:	
Were you involved in an accident? :	
Citation Numbers	Original/Missed Court Date
Current Ticket Status: FTA:	Warrant: DDS:
	ay □ Tuesday □ Wednesday □ Thursday □
may have received a notice from the Departor will be suspended because of unresolve. I understand that this is not a trial date, but the future of my pending case(s). I understand that the judge may, but is not. I understand that if in the Court's discretion.	st because of my failure to appear for court. I understand that I rtment of Drivers' Services (DDS) that my driver's license has been ad or unpaid traffic citation with this Court. It I will have the opportunity to appear before a judge to determine required to allow me to enter a plea to dispose of this case. In, a sentence of probation is imposed, then it will be for a term not of the suspension in effect with the DDS will be given when I am
GA 30032.	the date selected. Court will be held at 3630 Camp Circle, Decatur, ust arrive at 1:00pm at the Burgess Building.
in the future. If you fail to appear and form	urs from time of submission but no more than 4 business days nally plea, a bench warrant may issue for your arrest. If your license u plead NOT GUILTY, then any driver's license suspension as long as the case is opened.
Notes:	Verifier/Service Representative
Office Use Only: State ☐ Magistrate ☐ **Court Date:	Court Time: Division: