

IN SUPERIOR COURT OF DOUGLAS COUNTY

STATE OF GEORGIA

MOTION FOR REINSTATEMENT OF DRIVER'S LICENSE AND/OR ISSUANCE OF LIMITED DRIVING PERMIT AFTER SUSPENSION OF DRIVING PRIVILEGES FOR CONTROLLED SUBSTANCE CONVICTIONS NOT DIRECTLY RELATED TO THE OPERATION OF A MOTOR VEHICLE [O.C.G.A. § 40-5-76(B)]

NAME: _____ ORIGINAL CASE NUMBER: _____ FOR OFFENSES LISTED IN SECTION "CHARGES CONVICTED OF"

NOTICE:

If your driver's license was suspended by another court or by the Office of Child Support Enforcement, or you are a participant in a drug, mental health, child support, or veteran's court, or other accountability court, do not file this motion. The Court does not have the authority to grant you any relief in those situations.

I request that the Court order the Department of Driver Services to restore my Georgia driver's license that was suspended by this Court pursuant to O.C.G.A. § 40-5-75 for a controlled substance conviction in this Court or in the alternative for the Court to order the Department of Driver's Services to issue me a limited driving permit in accordance with the provisions set forth O.C.G.A. § 40-5-64(c) and (d) or O.C.G.A. § 40-5-76(b).

I affirm that the offense(s) for which I was convicted in the above-listed case number and as stated below did not directly relate to the operation of a motor vehicle.

CHARGES CONVICTED OF:

- 1. _____
2. _____
3. _____
4. _____
5. _____

For additional offenses, use separate sheet of paper. DO NOT WRITE ON THE BACK OF THIS MOTION.

OTHER CRIMINAL HISTORY:

(Circle One)

Are you on probation in Douglas County? Yes or No

Are you on probation elsewhere in Georgia? Yes or No

If yes, where? _____

Are you on parole? Yes or No

Do you have any other criminal convictions, pending charges or unresolved probation violation(s) in Douglas Superior Court? Yes or No

Do you have any other pending charges or unresolved probation violation(s) in other jurisdictions? Yes or No

Do any of the above answers for the previous two questions involve the operation of a motor vehicle? Yes or No

AUTHORIZATION FOR GCIC CRIMINAL BACKGROUND CHECK:

I hereby consent to a Georgia criminal background check by the Office of the District Attorney.

_____ (INITIAL)

Refusal to authorize a criminal background check may result in no further consideration and/or denial of the relief sought.

I understand that the grant of the relief requested, whether restoration of my driver's license or issuance of a limited permit, is not mandatory and may be denied by the Court.

I understand that a hearing may be required. Failure to attend the hearing may result in dismissal of my motion.

I understand that the District Attorney and the Probation Office (i.e., the Department of Community Supervision) will be given a copy of this motion and may, as provided by law oppose the motion.

I understand that if relief is granted, the Department of Driver's Services may if ordered require payment of a fee and/or require compliance with additional procedures before a license or permit is issued.

SUBMITTED BY:

_____ (Name)

_____ (Signature) _____ (Date)

MAILING ADDRESS: (Hearing notices will be mailed to this address):

Email address: _____ Telephone Number: _____

Distribution List: District Attorney, Department of Community Supervision