

Hon. Christopher T. Portis
Chief Judge



Rashida A. Davis
Court Administrator/
Chief Clerk

Municipal Court of Atlanta
Attn: Clerk's Office
150 Garnett Street, SW
Atlanta, GA 30303

DISPOSITION REQUEST FORM

Last Name/ Alias: _____ First Name/ Alias: _____

Date of Birth (MM/DD/YYYY): _____ Driver's License Number: _____

Race: _____ Sex: Female Male SSN (last 4 digits): _____

Requestor (if not defendant): _____ Company/ Law Firm: _____

Email: _____ Telephone: _____

	Citation/ Case Number	Charge(s)
1		
2		
3		
4		

Reason for request: Reinstatement of License Record Restriction Job INS (Citizenship) Other _____

Certified Copy (with seal):
Pick up:
\$2.50 first page (\$0.50 additional page)
Mail Fee:
Additional fee based on page count

Non- Certified Copy:
Pick up:
\$1.00 per page
Mail Fee:
Additional fee based on page count

Delivery Method: Pick up Mail to: _____

Address

City, State

Zip

NOTE: If receiving disposition by mail: a court representative will contact you with the total amount owed; payment must be received prior to delivery. Make money order or business/cashier's check payable to: Municipal Court of Atlanta. **Personal checks will not be accepted.**

Signature

Date

Printed Name

OFFICIAL MUNICIPAL COURT OF ATLANTA USE

Accepting Clerk: _____ File Date: _____