



Georgia Department of Driver Services

Appeal/Hearing Request

Note: This form must be fully completed and submitted to DDS via postal service or a Customer Service Center within the required appeal period or your request for hearing will be rejected and your right to appeal will be waived.

(Use N/A for any fields that are not applicable)

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

License Number _____ License State _____ Date of Birth _____

Phone Number _____ Email Address _____

Agency or County Issuing Citation:
(as shown on notice of suspension or DDS-1205/1205S) _____

Citation Number _____ Violation Date: _____

Select the reason for your appeal (you may only select one (1) reason per form and copy of notice received **must** be included with this request)

	<p>*Administrative License Suspension/Refusal (\$150.00 Fee Required-Full payment is due with request) Upon receipt of your timely filed completed hearing request, filing fee, and a copy of the DDS Form 1205/1205S from the arresting officer, this case will be docketed with the Office of State Administrative Hearings (OSAH), OSAH will notify you via mail of the date, time and place of the hearing. DDS will review your driving record and if eligible a letter will be mailed to you granting temporary driving privileges while awaiting your hearing.</p>				
	<p>*Ignition Interlock Limited Driving Permit Revocation (\$250.00 Fee Required-Full payment is due with request) Select revocation reason:</p> <p style="text-align: center;"> Failure to Report Unsatisfactory Report Premature Removal of Device </p> <p>Note: For revocation for any other reason other than one above, please select the Ignition Interlock Limited Driving Permit, Cancellation or Revocation option below and do not include the \$250 fee.</p>				
	<p>**Denial, Suspension, Revocation, Cancellation or Administrative Fine (Check one):</p> <p style="text-align: center;"> Risk Reduction Driver Improvement Driver Training </p> <p style="text-align: center;"> Commercial Driver Training 3rd Party Program (Tester/Examiner/Instructor) Ignition Interlock Manufacturer </p> <p style="text-align: center;"> Ignition Interlock Provider Ignition Interlock Installer </p>				
	*Commercial Driver License (CDL), Disqualification		**Commercial Driver License (CDL), Denial of Lifetime Reinstatement		
	*Denial/Cancelled/Revocation	License	Permit	*Driving While License Suspended/Revoked	
	*DUI, Conviction			*Failure to Appear (FTA)	
	**For Hire Endorsement			*HV Probationary License, Denial	
	*HV Probationary License, Revocation			*Ignition Interlock Limited Driving Permit, Cancellation or Revocation	
	*Limited Driving Permit, Cancellation or Revocation			*Medical	
	*No Insurance/No Proof of Insurance			*Point Suspension	
	*Safety Responsibility			*Super Speeder	
	*Mandatory Suspension		List Offense:		
	*Mandatory Suspension, Under 21		List Offense:		

Name of Attorney: _____ Phone Number: _____
(if applicable)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Please cite the legal authority under which the appeal is filed, including all code sections:

Statement describing how in taking such action, DDS failed to act in accordance with the law:

Prayer for Relief/Desired Outcome:

Customer's Signature _____ Date _____

Attorney's Signature (*if applicable*) _____ Date _____

Please ensure your form is sent to the correct address below based on your reason for appeal:
(The asterisk(s)* next to the reason for appeal should match the asterisk(s) next to the addresses below)

***Records Management**
Georgia Department of Driver Services
RM-Hearing Requests
P.O. Box 80447
Conyers, GA 30013

****Regulatory Compliance**
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 Eastview Parkway
Conyers, GA 30013

FOR DEPARTMENTAL USE ONLY

Team Member Name	Location	Date