



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;"> <input type="checkbox"/> Failure to Report <input type="checkbox"/> Unsatisfactory Report <input type="checkbox"/> 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;"> <input type="checkbox"/> Risk Reduction <input type="checkbox"/> Driver Improvement <input type="checkbox"/> Driver Training <input type="checkbox"/> Commercial Driver Training <input type="checkbox"/> 3rd Party Program <input type="checkbox"/> Ignition Interlock Manufacturer <input type="checkbox"/> Ignition Interlock Provider <input type="checkbox"/> Ignition Interlock Installer </p>				
	*Commercial Driver License (CDL), Disqualification		**Commercial Driver License (CDL), Denial of Lifetime Reinstatement		
	*Denial/Cancelled/Revocation	<input type="checkbox"/>	License	<input type="checkbox"/>	Permit
	*DUI, Conviction		*Driving While License Suspended/Revoked		
	**For Hire Endorsement		*Failure to Appear (FTA)		
	*HV Probationary License, Revocation		*HV Probationary License, Denial		
	*Limited Driving Permit, Cancellation or Revocation		*Ignition Interlock Limited Driving Permit, Cancellation or Revocation		
	*No Insurance/No Proof of Insurance		*Medical		
	*Safety Responsibility		*Point Suspension		
	*Mandatory Suspension		*Super Speeder		
	*Mandatory Suspension, Under 21		List Offense: _____		
			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