

# Pauper's Affidavit



This form is used to reduce reinstatement payment fees by 50% for drivers who certify that they are unable to pay the entire amount due for reinstatement fees based on an evaluation of responses provided in the Household Information section of this form.

**Ineligible suspensions are:** Super Speeder, Nonsufficient Funds and Safety Responsibility.

**\*Minors with a suspension must have this form completed by a parent or legal guardian.**

## Suspended Driver's Information

**Name:** \_\_\_\_\_  
Last Name First Name MI  
**GA Driver License, Permit, or Identification Card #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## \*\*Household Information

**\*\*If you are seventeen (17) years of age or younger your parent or legal guardian will need to complete this section.**

**Name of Head of Household (HOH):** \_\_\_\_\_

I, \_\_\_\_\_, certify as follows:

Enter your Full Name Above

\_\_\_\_ I am eighteen (18) years of age or older. **-OR-**

Initial

\_\_\_\_ I am the parent or legal guardian of the suspended driver, who is under the age of eighteen (18) years.

Initial

1. That I, by reason of poverty, am unable to pay the entire fee required by **O.C.G.A §40-5-9** to reinstate my driving privilege.

2. That I am providing proof that I qualify for one or more of the benefits listed below:

- |                                                                           |                                                                |
|---------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Electronic Benefit Transfer (EBT) Card           | <input type="checkbox"/> Medicaid                              |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Free or Reduced Lunch Program         |
| <input type="checkbox"/> Temporary Assistance Nutrition Funding (TANF)    | <input type="checkbox"/> Tax Return                            |
| <input type="checkbox"/> Women, Infants and Children (WIC)                | <input type="checkbox"/> Detention Certification Documentation |

3. That I live at \_\_\_\_\_  
Street # Street Name Apt # City State Zip Code

4. That my household consists of \_\_\_\_\_ people and my current gross annual household income is \$\_\_\_\_\_  
# in home Gross Income

My household members are listed below. Additional household members should be listed on the back.

First Name	Last Name	Date of Birth	First Name	Last Name	Date of Birth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**-OR-**

\_\_\_\_ That I am in the custody of \_\_\_\_\_  
Agency Name

## Signature of Suspended Driver -OR- Suspended Driver's Parent or Legal Guardian

This \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Day Month Year \_\_\_\_\_  
Signature of Suspended Driver -OR- Suspended Driver's Parent or Legal Guardian

**\*\*A household consists of one or more people who live in the same dwelling and share meals or living accommodation.**

**WARNING:** Any person knowingly making any false statement on this affidavit commits the offense of false swearing and shall be guilty of a felony.

**MAIL IN ADDRESS:** Department of Driver Services | Attn: RM-Reinstatement | P.O. Box 80447 | Conyers, GA 30013

**To complete this form, you must:** fill in all information, sign, and send with reinstatement payment fee(s).

**If mailing this form to DDS it must be completed in full!** We will return the form, reinstatement payment fee(s) and all other attachments if not completed.

**-OR-** if you are not approved for this discount.