



Please address reply to:

State of Georgia
Department of Driver Services
Finance
P.O. Box 80447
Conyers, Georgia 30013
678-413-8400

REQUEST FOR RETURN OF SECURITY DEPOSIT

Date:	Name:
License No.:	Date of Birth:
Date of Accident:	Claimant:

The required time has elapsed since the suspension of your driver's license for the above accident or since the date of the security deposit.

The suspension may be reinstated and/or the security returned if no action at law is pending, or any unsatisfied judgment remains on file against you.

You must also have the Clerk(s) of the Superior, State and Magistrate Courts in **all counties** in which you have resided since the accident complete the certificates on the reverse side.

If additional forms are needed you may duplicate as necessary. If any action at law is pending against you please notify this office.

You are required to pay a \$25.00 reinstatement fee to the Department of Driver Services (DDS).

Failure to furnish any of the information on the reverse side along with your reinstatement fee will result in a delay of reinstating your driver's license suspension or the return of your security deposit.

STATE OF GEORGIA

COUNTY OF _____

I, _____, of _____
Full Name Street Address
_____, County of _____
City, State and Zip Code

make oath in due form of law that I have resided in the follow counties _____
(If "none", so state) since the date of the accident and no action at law for damages nor any unsatisfied
judgment remains on file against me arising out of the accident.

Your Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public Signature (Must affix seal)
My Commission expires: _____

CERTIFICATE OF CLERK OF SUPERIOR COURT

This is to certify that no action for damages is now pending nor is any unsatisfied judgment on file in this
court against _____ rising out of the accident described on the front side of
this form.

Signature of clerk or deputy clerk

STATE OF GEORGIA
COUNTY OF _____ Clerk of _____ Court
This _____ day of _____, 20____, Georgia

CERTIFICATE OF CLERK OF STATE COURT

This is to certify that no action for damages is now pending nor is any unsatisfied judgment on file in this
court against _____ rising out of the accident described on the front side of
this form.

Signature of clerk or deputy clerk

STATE OF GEORGIA
COUNTY OF _____ Clerk of _____ Court
This _____ day of _____, 20____, Georgia

CERTIFICATE OF CLERK OF MAGISTRATE COURT

This is to certify that no action for damages is now pending nor is any unsatisfied judgment on file in this
court against _____ rising out of the accident described on the front side of
this form.

Signature of clerk or deputy clerk

STATE OF GEORGIA
COUNTY OF _____ Clerk of _____ Court
This _____ day of _____, 20____, Georgia

CERTIFICATE OF CLERK OF _____ COURT

This is to certify that no action for damages is now pending nor is any unsatisfied judgment on file in this
court against _____ rising out of the accident described on the front side of
this form.

Signature of clerk or deputy clerk

STATE OF GEORGIA
COUNTY OF _____ Clerk of _____ Court
This _____ day of _____, 20____, Georgia
