

Hon. Christopher T. Portis  
Chief Judge



Rashida A. Davis  
Court Administrator

**Municipal Court of Atlanta**  
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: 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: \_\_\_\_\_