

IN THE PROBATE COURT OF CHATHAM COUNTY
STATE OF GEORGIA

IN RE: _____)
)
)
Weapons Carry License Applicant) APPLICATION NO.: _____

MOTION FOR RECONSIDERATION OF DENIAL AND
REQUEST FOR FORMAL HEARING
(During the COVID Judicial Emergency Period)

I, the Applicant named above, do hereby move the Court to reconsider its denial of a Georgia Weapons Carry License and my application for the same.

I hereby request a formal hearing for reconsideration of my eligibility to receive a license/renewal.

(Initial only if selected)

_____ (optional) I have attached hereto and incorporate herein written documentation to support my request for reconsideration.

(Initial one option only)

_____ I have elected to have my review hearing held **in-person** in the Chatham County Courthouse before an authorized judge or hearing officer. I understand the hearing will be subject to safety guidelines, including social distancing; or

_____ (optional) I have elected to participate in a remote hearing by **videoconference** through the WebEx connection provided by the Probate Court. **Attached hereto is a picture of my current driver's license.** I understand and consent to the following:

- (1) I must have a computer or tablet which is equipped to enable me to see and hear the judge (and for the judge to hear and see me) during the hearing.
- (2) It is my responsibility to provide below to the Clerk of Court a working email address at which I can be contacted for the hearing.
- (3) I have the right to terminate this remote hearing if I am having difficulty understanding, hearing, or seeing the official hearing my case.

- (4) The hearing official and at least one court clerk will also participate in the remote hearing.
- (5) I must be in a quiet and undisturbed location to participate in the remote hearing.

I understand that the Court staff will schedule any hearing requested and will notify me of the time and date by either email or first class mail to the address provided on my application. I understand that I will be responsible for a hearing fee of **\$30.00** payable by money order with this hearing request.

(Please write clearly)

Applicant Signature

Date

Street Address

City, State, Zip Code

Email Address

Phone Number