

CHATHAM COUNTY DUI COURT ACCOUNTABILITY COURT LIMITED PERMIT APPLICATION FORM

(Applicants must have 45 days of documented sobriety to apply and have completed the Orientation Phase)

Name: _____ Case #: _____

Date of Birth: _____ Telephone #: _____

Georgia Driver's License #: _____

Date of Sentence: _____ Date of 1st DUI Court: _____

Date of Offense (that caused license suspension); _____

_____ (initials) **This permit will require the Ignition Interlock. I understand that any violation of the law or rules of the Chatham County DUI Court may result in the revocation of this permit. If you commit any traffic offense, even as simple as failing to stop at a stop sign, while driving on a limited permit, DDS may revoke the permit. You will not have any driving privileges during that time, even if you reach eligibility for reinstatement.**

Print name Date

Signature _____

-----TO BE COMPLETED BY DUI COURT STAFF ONLY-----

Date Application Received by Participant: _____

Date of 1st Negative Drug Screen: _____ Date Completed Orientation _____

Notes: _____
