

GEORGIA PROBATION MANAGEMENT
232 Alexander Street SE
Marietta, GA 30060
(770) 424-4674

You are hereby instructed to report to your probation officer on the Wednesday following your sentence date between the hours of 9:00 a.m. and 11:15 a.m. at the above address.

To be completed by clerk

Defendant's Name:

Docket Number(s):

Offense(s):

Sentence Date: _____

To be completed by defendant (PLEASE PRINT LEGIBLY)

Address: _____

City

State

Zip Code

Mailing Address (if different than above):

Home Telephone #: () _____ - _____ **Pager/Cell Phone #:** () _____ - _____

Emergency Contact: _____ **Telephone:** () _____ - _____

Email address : _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____

Sex: ____ **Race:** ____ **Height:** ____ **Weight:** ____ **Hair:** ____ **Eyes:** ____

You must bring your court ordered probation fee amount on each visit. This payment must be paid by **money order or credit/debit card only**. **NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.**

(White)/ GPM

(Yellow)/ Clerks Office

(Pink)/ Defendant