



JACKSON, GA POLICE DEPARTMENT HEARING REQUEST FORM

Under Georgia Law, Official Code of Georgia Annotated 40-14-18, the registered owner has the right to contest a civil violation by attending an Administrative Hearing. The request for hearing must be submitted within 60 days of the issue date listed on the citation.

Please complete the section below and follow the instructions for returning this form. Once the request has been received and approved, you will be notified by first class mail of your hearing date, location and time.

All fields are required. Failure to complete this form in its entirety will result in your request being denied.

Person Requesting Hearing:		Citation #: (Top Right-Hand Corner of Violation)
Street Number:	Street Name:	Apt/Unit/Lot #:
City:	State:	Zip:
Phone#:	Email: (only used in case of emergency notification)	

Email, Mail or Fax This Form To:

Jackson, GA Police Department
C/O Court Hearing Department
4411 Oakwood Drive
Chattanooga, TN 37416
Fax: (423) 702-4404
Email: hearings@violationpayment.net

For any questions, Contact us:
By Phone: 1-855-252-0086
By Email: hearings@violationpayment.net

For Departmental Use Only (Do Not Write Below the Line Above)

Date Received: _____

Received by: _____

Hearing Date Scheduled: _____

Date Notice Sent to Above Named Party: _____