

**GEORGIA MULTIPLE DUI OFFENDER PROGRAM
GUIDELINES FOR VERIFICATION OF INFORMATION**

You must obtain documentation of sobriety or low risk choices in the form of **notarized affidavits** from people in your community who have frequent contact with you and may know something about your drinking and/or use of controlled substances.

All letters of verification other than this form should be on formal stationary, signed, dated, and notarized.

OFFENDER'S NAME: _____ DATE: _____

- < How often do you see the offender?

- < What is your relationship with the offender?

- < How long have you known the offender?

- < How often do you see or did you see the offender drink or use drugs?

- < How much do/did you see the offender drink or consume at the time?

- < When was the last time you saw the offender use alcohol or other drugs?

- < In what activities does the offender participate involving alcohol?

- < What is your knowledge of the offenders involvement in treatment or support groups?

- < Include other information you believe is important for us to consider in our review of this offenders eligibility for drivers license reinstatement.

Verifying Person's Signature Printed Name

Verifying persons street address, city, state, zipcode and phone number

Notary Date Commission Expiration