



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA

IN THE MAGISTRATE COURT OF FULTON COUNTY STATE OF GEORGIA

Appointment of Permanent Process Server Packet

Effective January 1, 2013, any person who seeks to be appointed as a permanent process server in the Magistrate Court of Fulton County must apply for a new appointment order. Each new appointment order will authorize private process servers to serve Small Claim, Dispossession, and Magistrate Court Garnishment legal actions in the Magistrate Court of Fulton County. Persons seeking to be appointed as a permanent process server in the Magistrate Court of Fulton County must have a current permanent process server appointment order in Fulton County Superior Court.

The application period for new 2013 applications will begin January 1, 2013 through February 4, 2013. All new appointment orders effective on or after January 2, 2012 will expire on December 31, 2013, regardless of when application was made or granted. All new applications effective January 1, 2013 and beyond will be one (1) year appointments. Persons wishing to continue to serve suits in the Magistrate Court of Fulton County on or after December 31, 2013 must re-apply for a new appointment order. The Fulton County Court Administration office will begin accepting new applications for 2014 appointments beginning Monday, September 30, 2013 through Friday, November 15, 2013.

Applicants must comply with all of the following requirements to be considered for appointment:

- * submit an application for review;
- * submit a copy of a current Fulton County Superior Court Process Server Order;
- * must be at least 18 years of age at the time of filing;
- * submit to a criminal background check;
- * must not have committed any serious criminal offenses.

Renewal Dates

Permanent Process Server Orders will have the following yearly cycle:

- New application submission dates are Monday, September 30, 2013 - Friday, November 15, 2013. Appointment Orders with Case Numbers of "14 PS" are valid from January 1, 2014 through December 31, 2014.
- New application submission dates are Monday, September 29, 2014 - Friday, November 14, 2014. Appointment Orders with Case Numbers of "15 PS" are valid from January 1, 2015 through December 31, 2015.
- New application submission dates are Monday, September 28, 2015 - Friday, November 13, 2015. Appointment Orders with Case Numbers of "16 PS" are valid from January 1, 2016 through December 31, 2016.
- New application submission dates are Monday, September 27, 2016 - Friday, November 12, 2016. Appointment Orders with Case Numbers of "17 PS" are valid from January 1, 2017 through December 31, 2017.

Application Process

Anyone seeking to serve as a Process Server shall complete the application below and submit it to the State Court of Fulton County Office of the Court Administrator. All applicants are required to pay the \$50.00 Permanent Process Server fee for the appointment at the time of submission. If accepted upon initial review, application will be presented by the Court Administration to the Chief Judge, or designee, for final review. The applicant will be notified upon final approval.



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA

IN THE MAGISTRATE COURT OF FULTON COUNTY STATE OF GEORGIA

Application for Appointment of Permanent Process Server

SECTION I - Personal Information

Name: _____
Last Name First Name Middle Name

Address: _____
Street City State Zip Code

Phone: _____
Home Work Cell

Email: _____

SECTION II - Education

HIGH SCHOOL

Name of School: _____

Address of School: _____
Street Address

City State Zip Code

Dates Attended: _____ Did You Graduate: ☐ Yes ☐ No

Highest Grade Completed: ☐ 9th ☐ 10th ☐ 11th ☐ 12th

COLLEGE OR UNIVERSITY

Name of School: _____

Address of School: _____
Street Address

City State Zip Code

Dates Attended: ____/____/____/ to ____/____/____ Did You Graduate: ☐ Yes ☐ No

Credit Hours Earned: _____ ☐ Quarters ☐ Semesters

Degree: _____ Year Awarded: _____

COLLEGE OR UNIVERSITY

Name of School: _____

Address of School: _____
Street Address

City State Zip Code

Dates Attended: ____/____/____/ to ____/____/____ Did You Graduate: ☐ Yes ☐ No

Credit Hours Earned: _____ ☐ Quarters ☐ Semesters

Degree: _____ Year Awarded: _____

SECTION III - Employment Record (Attach Additional Pages If Necessary)

Employer: _____
Name

Street Address

City State Zip Code

Name and Title of Immediate Supervisor: _____

Your Job Title: _____

Description of duties and responsibilities: _____

Employer: _____
Name

Street Address

City State Zip Code

Name and Title of Immediate Supervisor: _____

Your Job Title: _____

Description of duties and responsibilities: _____

Employer: _____
Name

Street Address

City State Zip Code

Name and Title of Immediate Supervisor: _____

Your Job Title: _____

Description of duties and responsibilities: _____

Employer: _____
Name

Street Address

City State Zip Code

Name and Title of Immediate Supervisor: _____

Your Job Title: _____

Description of duties and responsibilities: _____

SECTION IV - Professional Licenses

List all professional licenses now or ever held to include the name of the organization, dates of licensure and any disciplinary proceedings.

License: _____ Organization: _____
Dates of Licensure: ____/____/____ to ____/____/____
Disciplinary Actions: _____

License: _____ Organization: _____
Dates of Licensure: ____/____/____ to ____/____/____
Disciplinary Actions: _____

SECTION V - Violation of Law

The following questions have to do with violations of the law. A conviction for a violation will not necessarily result in the denial of your application. Please provide all pertinent facts so that a decision can be made. In answering these items, you may omit minor traffic violations.

1. Have you ever been convicted of an offense against the law? ☐ Yes ☐ No
2. Have you ever been convicted of an offense while in military service? ☐ Yes ☐ No
3. Was any conviction pursuant to an adjudication in a juvenile court, a youthful offender act or a first offender act? ☐ Yes ☐ No

If the answer to any of the above items is "Yes", provide details below. Show for each offense the date, charge, place, court, and action taken. Attach extra sheets if necessary.

Offense #1

Date: ____/____/____ Charge: _____
Check: ☐ Felony ☐ Misdemeanor
Place of Occurrence: _____ Court: _____
City/State/County Magistrate/State/Superior Court
Action Taken: _____

Offense #2

Date: ____/____/____ Charge: _____
Check: ☐ Felony ☐ Misdemeanor
Place of Occurrence: _____ Court: _____
City/State/County Magistrate/State/Superior Court
Action Taken: _____

Offense #3

Date: ____/____/____ Charge: _____
Check: ☐ Felony ☐ Misdemeanor
Place of Occurrence: _____ Court: _____
City/State/County Magistrate/State/Superior Court
Action Taken: _____

SECTION VI - References

Names and addresses of two (2) persons who have knowledge of your character and qualifications and whom we may contact (not relatives or former employers).

Reference #1

Name: _____

Address: _____

Street Address

City

State

Zip Code

Phone: _____

Reference #2

Name: _____

Address: _____

Street Address

City

State

Zip Code

Phone: _____

SECTION VII - Certification

I submit this application in support of my request to be appointed as a "Permanent Process Server" for the Magistrate Court of Fulton County, and swear that the information included therein is true under oath and penalty of perjury.

This _____ day of _____, 20_____.

Signature of Applicant

Notary Public

Print Full Legal Name of Applicant

My Commission Expires

SECTION VIII - Endorsement

The undersigned member in good standing of the State Bar of Georgia hereby endorses the above applicant to be appointed as a permanent process server of Fulton County Magistrate Court and attests to such applicant's good character, honesty and integrity.

This _____ day of _____, 20_____.

Attorney at Law

Bar Number



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA

**MAGISTRATE COURT OF FULTON COUNTY
AFFIDAVIT/MOTION FOR
PERMANENT SPECIAL PROCESS SERVER**

Case # _____

Petitioner: _____

Petitioner files this Affidavit/Motion pursuant to Georgia Code Annotated, Section 81 A-104 © (9-11-4) and petitions this Court for an Order authorizing _____, a citizen of the United States, to serve copies of Summons and Complaints as due process in actions discretionary by this Court, including but not limited to small claims, garnishment, and dispossessory actions, within the jurisdiction of this Court effective beginning January 1, 2013 and expiring on December 31, 2013.

Name

Address

City, State, Zip Code

Phone Number



STATE COURT OF FULTON COUNTY
ATLANTA, GEORGIA

MAGISTRATE COURT OF FULTON COUNTY

Request/Authorization to Access and Release Criminal History Information

I, _____ hereby request, authorize and direct the Marshal of Fulton County, and/or their appointee/designee, and the Fulton county Marshal's Department to perform a complete background investigation which includes, but may not be limited to, an electronic background check of G.C.I.C./N.C.I.C. records. The purpose of this background search or investigation is to ascertain and determine if any accurate or complete information will result in a negative search effort, or in improper records being accessed.

Furthermore, I authorize and direct that any information or records which are produced or discovered as a result of this background investigation are to be released and transmitted to _____ for whatever purpose they desire. I am fully aware that the information or records produced as a result of this inquiry contain confidential information which would not otherwise be released without my consent. I hereby specifically waive any privilege or confidentiality existing under state or federal law regarding access or release of such information, including but not limited to, protection afforded under one of the following:

1. Criminal History Information O.C.G.A. § 50-18-72

2. Inmate Files or Records O.C.G.A. § 50-18-52

In making this release authorization I agree TO HOLD HARMLESS the Marshal of Fulton County and all employees of the Fulton County Marshal's Department and Fulton County Government, from any civil liability of any kind or description.

Last Name	First Name	Middle Name	Maiden Name
Race: _____	Sex: _____	DOB: ____/____/____	Eyes: _____
Hair: _____	Scars: _____	Height: _____	Weight: _____
SSN: ____/____/____	Place of Birth: _____		

Street Address	City	State	Zip Code
Phone Number: ____/____/____	Purpose: _____		

Prior to signing this request authorization, I have fully read and understand the provisions of this writing. My request authorization is freely made without fear of punishment or promise of reward, and with full and complete understanding of the terms and consequences of my action.

Legal Signature: _____ Date: ____/____/____

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public
My Commission expires: ____/____/____

NOTICE TO RECIPIENT: The information or records being disclosed to you hereunder is protected by State and Federal laws. Any further dissemination of this information without proper authority is prohibited.

Fulton County Marshal's Department Response to Records Search Request

() No identifiable record on GCIC/NCIC () See attached printout from Electronic search. () Positive identification cannot be made without Fingerprint comparison.

Date: _____ Signature of Approving Official: _____

MOST COMMONLY USED PURPOSE CODES IN THE MARSHAL'S DEPARTMENT

C - Administration of Criminal Justice
E - Other Authorized Non-Criminal Justice
D - Domestic Violence and Stalking
J - Criminal Justice Employment

See Georgia CJIS Network Operations Manual for detailed description of purpose codes.