

IN THE MUNICIPAL COURT OF MARIETTA  
STATE OF GEORGIA

CITY OF MARIETTA  
vs.

NOTICE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Your Name

I received the City of Marietta Notice of Violation. At the time of the offense indicated on the Notice of Violation: **(Please complete section I or II below. This form must be mailed to Citation Processing Center, PO Box 22091, Tempe, AZ 85285-2091 before the due date shown on the Notice of Violation.)**

**SECTION I: AFFIDAVIT OF NON- RESPONSIBILITY**

- Vehicle was not driven by the registered owner. I hereby name the individual who had the vehicle in their care, custody, or control. I understand a Notice of Violation will be mailed to the named person thereby transferring liability to such person. I further understand if there is a failure of the named person to pay or contest the Notice, I may be subpoenaed to provide testimony. **(This section of the form must be signed AND notarized.)**

**DRIVER NAME:** \_\_\_\_\_ **DRIVER ADDRESS:** \_\_\_\_\_

Under penalties of false swearing, I declare that I have read the foregoing affidavit and the facts stated are true.

Name: \_\_\_\_\_

Notary Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me on this

Email Address: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of person filing affidavit (REQUIRED)      DATE

\_\_\_\_\_  
Signature of Notary (REQUIRED)      NOTARY SEAL

- Check this box if the address above is different than the address on your Notice of Violation.

**Use this section if one of the following reasons apply (please select one):**

- Vehicle or plate had been reported stolen prior to the violation. I have attached a certified copy of the police report.
- Vehicle had been sold or I was not the registered owner at the time of the alleged violation. I have attached a copy of evidence. (Bill of Sale, Letter from tag office, etc.)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of person filing affidavit (REQUIRED)      DATE

- Check this box if the address above is different than the address on your Notice of Violation.

**SECTION II: NOTICE TO CONTEST (Dispute/Appeal the Notice)**

I contest (dispute/appeal) the Notice of Violation for the reason(s) written below and I understand a hearing date will be scheduled. I further understand a notice of the court date and time will be mailed to me at the address shown below. I acknowledge my appearance is required at said hearing to contest the Notice of Violation, and that failure to appear will result in adjudication of liability against me and the original penalty will be imposed, which may be subject to additional penalties or registration hold as prescribed by law. Reason(s) for contesting the violation:

- Check this box if you viewed the video and images.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature of person filing affidavit (REQUIRED)      DATE

- Check this box if the address above is different than the address on your Notice of Violation.