

IN THE MUNICIPAL COURT OF MARIETTA
STATE OF GEORGIA

CITY OF MARIETT

VIOLATION NUMBER: _____

vs.

Name _____

AFFIDAVIT OF NON-RESPONSIBILITY OR NOTICE OF APPEAL

I received the City of Marietta Notice of Violation. At the time of the violation indicated on the Notice of Violation: *(Please complete section I or II below. Your signature and signature of Notary are required in Section III.)*

SECTION I: AFFIDAVIT OF NON- RESPONSIBILITY

Vehicle was not driven by the registered owner. I hereby name the individual who was in the care, custody, or control of the vehicle. 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 violation, I may be subpoenaed to provide testimony. *(Form must be signed and notarized in Section III.)*

DRIVER NAME: _____ DRIVER ADDRESS: _____

Vehicle or plate had been reported stolen prior to the violation. I have attached a certified copy of the police report. *(Form must be signed but is not required to be notarized in Section III)*

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.) *(Form must be signed but is not required to be notarized in Section III)*

SECTION II: AFFIDAVIT AND NOTICE TO CONTEST (Dispute/Appeal the Alleged Violation)

I, contest (dispute/appeal) the 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 violation and failure to appear will result in adjudication of liability against me and a civil penalty of \$300.00 for the first offense, \$750.00 for the second offense, and \$1,000.00 for each subsequent offense in a five year period.

Reason(s) for contesting the violation:

SECTION III: SIGNATURE AND NOTARY

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 _____

DATE

Signature of Notary _____

NOTARY SEAL

Please check this box if the address above is different than the address on your Notice of Violation

Affidavit must be mailed to Violation Processing Center, PO Box 22091, Tempe, AZ 85255-2091 before the due date shown on the Notice of Violation.