



GEORGIA DEPARTMENT OF CORRECTIONS

Floyd Veterans Memorial Building
Room 654 - East Tower
Atlanta, Georgia 30334

Date ____/____/____

Sonya Holland,

In order for this Department to assume custody of the individual in the attached forms, all documents are being returned for additional information. The Department of Corrections will not be assuming custody of this individual at this time and until a complete packet along with below requested information is returned.

Inmate # _____ Name _____

Case# _____

_____ PERSONAL HISTORY / AFFIDAVIT OF CUSTODIAN

_____ REVOCATION ORDER (if applicable)

_____ REVOCATION PETITION

_____ FINAL DISPOSITION/ SENTENCE (please circle one)

_____ INDICTMENT/ ACCUSATION (please circle one)

_____ TRUE BILL

_____ OTHER _____

_____ THIS IS A COUNTY CASE, RETURN TO CLERK

_____ THIS IS A PROBATED SENTENCE, RETURN TO CLERK

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Name of Person Making Request _____