

Residence Verification Form: Georgia Department of Community Supervision, Department of Corrections, and/or Board of Pardons and Paroles

Probationer			Parolee	
*****	****	******	*******	****
Full Name:	Last		First	Middle Suffix
Date of Birth: MMD	DYYYY			
Institute Released From:				
Date Released: MM	DD	YYYY	(this form	is valid for 60 days
from this date)				
*****	*****	*******	*****	*****
Residence Address Provi Street Address:	*			
City	State	Zip C	ode	

Mailing Address Provide Mailing Address	-		Residence Add	lress):
City	State		Zip Code	
Signature of Probationer ***************				
ATTESTATION OF D.C	S., D.O.C. or PAR	OLE BOARD	OFFICIAL	
I hereby attest that the residence address listed above was verified by a site visit from a				
Department of Communi			•	
Signature of D.C.S, D.O. Notary:		e	fficial Date	
Sworn to and subscribed before	ore me this:	_day of		20
Notary Public				

Seal

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DDS 752 10/07 DDS 752 10/07 Instructions for D.O.C. or Parole Official

(Community Supervision Officer, Correctional Facility Official or Pardons and Parole Official):

This form shall serve as proof of residency documentation for inmates being released from a Georgia Department of Corrections Facility on probation or parole. This form may be used to satisfy the residency requirement for issuance of a Georgia Driver's License or Identification Card. The D.C.S., D.O.C. or Parole Official should complete this form and provide the original form to the inmate being released. The released individual may then present this form as proof of residency in order to comply with Georgia Administrative Comp. Ch. 375-3-1-.02. This form is valid for 60 days from the date of release indicated. If the date of release is not indicated or is more than 60 days before the license issuance date, the released individual must provide another form of acceptable documentation to satisfy the proof of residency requirements of Georgia Administrative Comp. Ch. 375-3-1-.02.