



As an authorized employee of the Georgia Department of Juvenile Justice (“DJJ”), I hereby verify that the following individual is a child in the care of DJJ.

Full name of child: \_\_\_\_\_

Child’s date of birth: \_\_\_\_\_

Child’s Social Security No.: \_\_\_\_\_

As set forth in the Memorandum of Understanding between DJJ and the Georgia Department of Driver Services effective 18 June 2015, DJJ shall pay for all statutorily-required fees associated with the issuance of a Georgia personal identification card to the above-referenced individual.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Office: \_\_\_\_\_

\*\*\*\*\* **APPROVAL (ORS)** \*\*\*\*\*

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

Education Enrollment:

Title: \_\_\_\_\_

Not Enrolled
GED
High School /Grade
Post-Secondary (College/Tech)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For any questions, please contact:**

B. Keith Jones:  
Director of Reentry Services  
Office Main: 229-336-2369/Cell: 404-859-0811

[Click Here to Email Form Upon Completion](#)