



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
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](#)