**STOP**

The form below is has been populated with your answers from the online form. Please review the form to make sure all answers are correct. Ancillary Legal Corporation **does not** submit your forms to the court on your behalf. If you have any difficulties with the form you are welcome to call our office at 404-459-8006 or email us at [inquire@ancillarylegal.com](mailto:inquire@ancillarylegal.com) .

**Your next steps:**

-Many of the Georgia Courts require additional documentation to be submitted along with the completed application. Each court details their requirements in their application. You should review the form below for this court’s additional requirements.

-Once you have reviewed the answers and gathered the documents, print out this form.

-The form will need to be signed and dated (sometimes in multiple places) prior to turning the complete application packet in to the court.

-Some courts have a box for you to check if you are a new applicant or a renewal. Be sure you check the appropriate box

-Forms requiring criminal history are produced with an additional attachment page. If you do not have any offenses you can discard the attachment page or simply not print it.

-Be sure to discard this page prior to turning in your application.

**-Form Begins on Next Page-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| State Court of Gwinnett County | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERMANENT PROCESS SERVER APPLICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION I | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME: | | | {{last\_name}} | | | | | | | | | | | | | | {{first\_name}} | | | | | | | | {{middle\_name}} | | | |
|  | | | Last | | | | | | | | | | | | | | | First | | | | | | | | Middle | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS: | | | | {{address\_line\_1}},{{city}}, {{state}} {{zip\_code}} | | | | | | | | | | | | | | | | | | | | | | | | |
| PREVIOUS ADDRESSES (Cover all addresses used in the preceding 5 years.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PHONE NUMBERS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home | | {{home\_phone\_number}} | | | | | | | | | | Work | {{ work\_phone\_number}} | | | | | | | | Cell | | | {{cell\_phone\_number}} | | | | |
| E-MAIL ADDRESS: | | | | | | | | | | {{ email}} | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| SECTION II | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HIGH SCHOOL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of School: | | | | | | {{ name\_of\_your\_high\_school }} | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of School: | | | | | | | | {{saohs}}, {{cohs}}, {{sohs}} {{zcohs}} | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Leaving: | | | | | {{date\_of\_leaving}} | | | | | | | | | | Did you Graduate: | | | | | | | | Yes No  **Boxes** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Highest grade of school completed: | | | | | | | | | | | | | | {{hsgrade}} | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLLEGE OR UNIVERSITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of School: | | | | | {{name\_of\_college\_\_or\_university\_attended}} | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of School: | | | | | | | | | {{college\_street\_address}}, {{college\_address\_city}}, {{cas}} {{caz}} | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates Attended: | | | | | | | From | | | | {{date\_attended\_from}} | | | | | | | to | {{date\_attended\_to}} | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours Earned Quarter/Semester: | | | | | | | | | | | | {{ fccredits}} per {{quarters\_or\_semesters}} | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Degree: | | | {{ degree\_awarded}} | | | | | | | | | | | | | Year Degree Awarded: | | | | | | {{ year\_awarded}} | | | | | |  |
|  | | |  | | | | | | | | | | | | | |  | | | | |  | | | | | |  |
| Major | {{fcmajor}} | | | | | | | | | | | | | | |  | | | | | | | | | | | | |

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| Name of School: | | | | | {{scname}} | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of School: | | | | | | | | {{scaddn}}, {{scaddc}}, {{scadds}} {{scaddz}} | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates Attended: | | | | | | From | | | | | | {{scfrom}} | | | | | | | to | {{scto}} | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours Earned Quarter/Semester: | | | | | | | | | | | | | | {{sccredit}} per {{scqos}} | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Degree: | | {{scdegree}} | | | | | | | | | | | | | | | | Year Degree Awarded: | | | | | {{scawardyear}} | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Major: | {{scmajor}} | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| SECTION III | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BUSINESS, TRADE, TECHNICAL SCHOOLS AND OTHER TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of School: | | | | | {{tsname}} | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of School: | | | | | | | | {{tsadd}}, {{tscity}}, {{tsstate}} {{tszip}} | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates Attended: | | | | | | | From | | | | | {{tsfrom}} | | | to | | {{tsto}} | | | | No. of Hours Per Week: | | | {{tshours}} | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificates Received: | | | | | | | | | {{tscert}} | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subject Taken: | | | | | {{tssubject}} | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION IV | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYMENT RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Attach additional pages if necessary.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employing Agency: | | | | | | | | | | | | | {{e1name }} | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | {{e1add}}, {{e1city}}, {{e1state}} {{e1zip}} | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Title of | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immediate Supervisor: | | | | | | | | | | {{e1snnt}} | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Job Title: | | | | {{e1jt}} | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of your duties and responsibilities: {{e1duties}} | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates Employed: | | | | | From | | | | | | {{e1from}} | | | | | to | | {{e1to}} | | | |  | | | | | | |
| Reason for leaving: | | | | | | | | {{e1rfl}} | | | | | | | | | | | | | | | | | | | | |

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|  | | | | | | | | | | |
| Name of Employing Agency: | | | | | | | {{e2cn }} | | | |
|  | | | | | | | | | | |
| Address: | {{e2add}}, {{ e2city}}, {{ e2state}} {{ e2zip}} | | | | | | | | | |
| Name and Title of | | | | | | | | | | |
| Immediate Supervisor: | | | | | {{ e2supervisor }} | | | | | |
|  | | | | | | | | | | |
| Your Job Title: | | {{e2jt}} | | | | | | | | |
|  | | | | | | | | | | |
| Description of your duties and responsibilities: {{e2duties}} | | | | | | | | | | |
| Dates Employed: | | | From | | | {{e2from}} | | to | {{e2to}} |  |
|  | | | | | | | | | | |
| Reason for leaving: | | | | {{e2rfl}} | | | | | | |
|  | | | |  | | | | | | |
| SECTION V | | | | | | | | | | |
| PROFESSIONAL LICENSES | | | | | | | | | | |
|  | | | | | | | | | | |
| List all professional licenses now or ever held to include the name of the organization, dates of licensure and any disciplinary proceedings. | | | | | | | | | | |
|  | | | | | | | | | | |
| {{ pl1license}} from {{ pl1organization}} held from {{ pl1from}} to {{ pl1to}} | | | | | | | | | | |
| Disciplinary Actions: {{ pl1da}} | | | | | | | | | | |
| {{ pl2license}} from {{ pl2org}} held from {{ pl2from}} to {{ pl2to}} | | | | | | | | | | |
| Disciplinary Actions: {{ pl2da}} | | | | | | | | | | |
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| SECTION VI | | | | | | | | | | |
| VIOLATIONS OF THE LAW | | | | | | | | | | |
|  | | | | | | | | | | |
| The following questions have to do with violations of the law. A conviction for a violation does not automatically mean that you cannot be appointed. Give all pertinent facts so that a decision can be made. In answering these items, you may omit minor traffic violations. | | | | | | | | | | |
| Have you ever been convicted of an offense against the law? Yes No **Boxes** | | | | | | | | | | |
| Have you ever been convicted of an offense while in military service? Yes No **Boxes** | | | | | | | | | | |
| Was any conviction pursuant to an adjudication in a juvenile court, a youthful offender act or a first offender act? Yes No **Boxes** | | | | | | | | | | |
| If the answer to any of the above items is “YES,” give details below. Show foreach offense the date, charge, place, court, and action taken. Attach extra sheets if necessary. | | | | | | | | | | |
| {{offensesconfirmation}} | | | | | | | | | | |
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| SECTION VII | | | | | | | | | | | | | | | | | | | | | | | | |
| REFERENCES | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Names and addresses of two (2) persons who have knowledge of your character and qualifications and whom we may contact (not relatives or former employers). | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | {{r1name}} | | | | | | | | | Name: | | | | | | |  | | {{r2name}} | |
| Address: | | |  | | {{r1streetadd}}, | | | | | | | | | Address: | | | | | | |  | | {{r2streetadd}}, | |
|  | | |  | | {{r1city}}, {{r1state}} {{r1zip\_code}} | | | | | | | | |  | | | | | | |  | | {{r2city}}, {{r2state}} {{r2zip\_code}} | |
| Phone: | |  | | {{r1number}} | | | | | | | | | | Phone: | | | | | |  | | {{r2number}} | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION VII CERTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | |
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| I submit this application in support omf y request to be appointed as a “permanent” process server for the State Court | | | | | | | | | | | | | | | | | | | | | | | | |
| of Gwinnett County, and swear that the information included therein is true under oath and penalty of perjury. | | | | | | | | | | | | | | | | | | | | | | | | |
| This. |  | | | | | day of | |  | | | | , 20 | | | | |  | | | | | . | | |
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|  | | | | | | | | | | |  | | | NOTARY PUBLIC | | | | | | |  | | | |
| (signature of applicant) | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | My Commission Expires: | | | | | | | | |  |
| (print full legal name of applicant) | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION VIII ENDORSEMENT | | | | | | | | | | | | | | | | | | | | | | | | |
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| The undersigned member in good standing of the State Bar of Georgia hereby endorses the above applicant to  be appointed as a permanent process server of Gwinnett State Court and attests to such applicant’s good character, honesty and integrity. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| This |  | | | | day of | |  | | | , 20 | | |  | | | | | | . | | | | | |
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| Attorney at Law | | | | | | | | | | | | | | | | | | | | | | | | |
| Georgia State Bar Number | | | | | | | | |  | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
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| Attach business card: | | | | | | | | | | | | | | | | | | | | | | | | |
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| IN THE STATE COURT OF GWINNETT COUNTY | | | | | | | | | | | | | | | | |
| STATE OF GEORGIA | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| IN RE: Application for Appointment | | | | | | | : | | Civil Action File No. | | | | | | | |
| as Permanent Process Server | | | | | | | : | |  | | | | | | | |
| pursuant to O.C.G.A. ' 9-11-4 (c) | | | | | | | : | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **AFFIDAVIT OF COMPLIANCE AND MOTION FOR APPOINTMENT** | | | | | | | | | | | | | | | | |
| **AS A PERMANENT PROCESS SERVER** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Personally appeared before me, the undersigned officer duly appointed to administer oaths, | | | | | | | | | | | | | | | | |
| {{first\_name}} {{middle\_name}} {{last\_name}} | | | | | , who, being duly sworn, states and avers as follows: | | | | | | | | | | | |
| *(insert full legal name of applicant-please print legibly)* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | |
| My full legal name is: | | | {{first\_name}} {{middle\_name}} {{last\_name}} | | | | | | | | | | | | | . |
| *(insert full legal name of applicant-please print legibly)* | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | |
| I am not suffering under any legal or mental disability, and this affidavit is based upon my personal knowledge. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | |
| I am a citizen of the United States of America and am of the age of majority (eighteen years of age or older). | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | |
| I submit this affidavit in support of my application to be appointed as a Permanent Process server for  the State Court of Gwinnett County, and swear that the above statements are true under oath and penalty  of perjury. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | | |
| If my application for appointment is granted, I acknowledge that I cannot serve process in any case in which I am a party and understand that my **appointment expires on January 4, 2021.** | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | |
| This |  | day of | |  | | | | | | ,20 | |  | | . | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | NOTARY PUBLIC | | | | |  | | | | | |
| (signature of applicant) | | | | | |  | | | | | | |  | | | |
| {{first\_name}} {{middle\_name}} {{last\_name}} | | | | | | My Commission Expires | | | | | | | | |  | |
| (print full legal name of applicant) | | | | | |  | | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | |
| (insert address and daytime telephone number) | | | | | | | |  | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | |
| {{address\_line\_1}} | | | | | |  | | | | | | |  | | | |
| {{city}}, {{state}} {{zip\_code}} | | | | | |  | | | | | | |  | | | |
| {{ work\_phone\_number}} | | | | | |  | | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| IN THE STATE COURT OF GWINNETT COUNTY | | | | | | | | | | |
| STATE OF GEORGIA | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| IN RE: Permanent Process Servers | | | | | | | | | | |
| Case Number: | | | | | | | | | | |
|  | | | | | | | | | | |
| **ORDER OF APPOINTMENT** | | | | | | | | | | |
|  | | | | | | | | | | |
| The application of the undersigned permanent process server having been read and considered, said applicant is hereby appointed permanent process server of this court pursuant to O.C.G.A. ' 9-11-4(c), from the date of this order **up to and including January 4, 2021.** | | | | | | | | | | |
|  | | | | | | | | | | |
| This order allows the applicant to serve as a process server in Gwinnett County State Court matters only, on an annual renewable basis. | | | | | | | | | | |
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| SO ORDERED this | | |  | | day of |  | | , 20 |  | . |
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| Presiding Judge | | | | | | | | | | |
| Gwinnett County State Court | | | | | | | | | | |
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| Applicant: | |  | | | | | | | | |
|  | | | | | | | | | | |
| Name | {{first\_name}} {{middle\_name}} {{last\_name}} | | | | | | | | | |
| Address | {{address\_line\_1}} | | | | | | | | | |
|  | {{city}}, {{state}} {{zip\_code}} | | | | | |  | | | |
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Attachment Explanation of Offenses Against the Law

{{o1date}} {{o1charge}} in {{o1city}}, {{o1state}}, {{o1court}}

Action Taken: {{o1action}}

{{o2date}} {{o2charge}} in {{o2city}}, {{o2state}}, {{o2court}}

Action Taken: {{o2action}}

{{o3date}} {{o3charge}} in {{o3city}}, {{o3state}}, {{o3court}}

Action Taken: {{o3action}}

{{addoffenses}}