

**COWETA COUNTY STATE COURT
IGNITION INTERLOCK WAIVER REQUEST FORM
(Due to Financial Hardship)**

FULL NAME: _____

DATE OF BIRTH: _____ **Phone #:** _____

STATE COURT CASE#: _____

Address: _____

Email address: _____

Briefly state the cause(s) of your financial hardship:

You must attach documentation or proof of your financial hardship or your waiver request will be denied.

Date Form Submitted: _____

WARNING:

- Pursuant to O.C.G.A. §42-8-111(b), “If a court grants an exemption from the ignition interlock device requirements, such person shall not be eligible for a limited driving permit or any other driving privilege for a period of one year.”

By checking the box above, I verify that I have read the warning about the suspension of my driver’s license for one year from the date a waiver is signed.

Signature of Applicant: _____

DO NOT WRITE BELOW THIS LINE

To Coweta County State Court Clerk’s Office Staff:

- 1. Please place the Ignition Interlock Waiver Request Form with the corresponding file.**
- 2. Please verify the sentencing judge.**
- 3. Please place this Waiver Request Form with the corresponding file and place them in the sentencing judge’s box for review of the form and assignment of court date.**
- 4. Please do not place the case on a court calendar without the sentencing judge’s approval.**
- 5. This form is effective beginning January 5, 2024.**