

**NOTIFICATION OF CHANGE IN MUNICIPAL COURT PERSONNEL -  
In accordance with the Uniform Rules for Municipal Courts: Rule 13.  
NOTICE OF SELECTION OF MUNICIPAL COURT JUDGES AND CLERKS OF COURT**

**COURT/CITY** \_\_\_\_\_  
(List each municipal court this information applies to, if known) Please Print

**NAME:** \_\_\_\_\_

**Gender:**  Male  Female

**Attorney:**  Yes  No **Practicing?**  Yes  No

**TITLE:**  Chief Judge  Chief Court Clerk \*\*  
 Associate Judge  Clerk  Court Administrator  
 Judge  Deputy Clerk  Solicitor/Prosecutor  
 Judge Pro Tem  Assistant Clerk  City Clerk  
 Judge Pro Hac  Court Secretary  Other: \_\_\_\_\_  
 Judge Pro Hac Vice

**\*\* Chief Court Clerk is the person most responsible for the operations of the Court other than the judge.**

**Mailing Address:** \_\_\_\_\_  
Street or P.O. City ZIP

**Physical (Court) Address:** \_\_\_\_\_  
Street Suite # City ZIP

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

May this e-mail address be published? Yes  No

Appointed  Term began on: \_\_\_\_\_ (date)  Part-time  
 Elected  Expiration of term: \_\_\_\_\_  Full-time  
 Neither

(Optional) RACE:  Euro American (white)  African American (Black)  
 American Indian or Alaska Native  Asian/Pacific  
 Multi Racial  Some other race

**A. Delete a Person**

Person no longer employed - Full Name: \_\_\_\_\_ Effective date: \_\_\_\_\_  
 Person is deceased - Name: \_\_\_\_\_ Effective date: \_\_\_\_\_

**B. Add or Change a Person: Check the appropriate box and give current contact information.**

New Person in Court. (Beginning date: \_\_\_\_\_)  
**Replacing someone?** If so, who: \_\_\_\_\_  
Is this person still with the court? If not, check here  If so, complete Contact Information for new position.  
 Address/contact correction  Change of Position/Title - Position began on: \_\_\_\_\_ (date)  
 Name Change - former name: \_\_\_\_\_

**Submitted by:** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Date: \_\_\_\_\_

**Send completed form to:**

Administrative Office of the Courts  
Suite 300  
244 Washington St, SW  
Atlanta, GA 30334

Or FAX to: 404-651-6449 Questions? 404-656-5171 or [municipal@gaaoc.us](mailto:municipal@gaaoc.us)