



DEPARTMENT OF COMMUNITY SUPERVISION
TITLE OF FORM

FIELD OPERATIONS FORM Version 001 02-21-2019

Restoration of Rights Acknowledgement

I acknowledge that I have read, or had read to me, and understand that upon completion of the sentence I am presently serving under supervision:

- (a) My right to vote is automatically restored, and I may need to reregister with the local registrar in my county of residence, and
- (b) As a convicted felon I must also apply for the restoration of my right to possess a firearm, and
- (c) I must apply for the restoration of my civil and political rights if I desire to serve on a jury, run for public office or obtain a passport.

I may apply for restoration of rights two (2) years after the completion of my sentence. If I am seeking a pardon I must wait five (5) years.

I may apply for restoration of firearms possession rights five (5) years after the completion of my sentence. I understand that restoration of firearm rights only pertains to my right to possess firearms within the State of Georgia under Georgia law. This does not provide exemption from the firearm laws of other states or the federal government.

I understand that this document can be used as evidence in a court of law or any other manner of record.

Offender Name:			
Offender Number:			
Offender Signature:	_____	Date:	
Witness Name:			
Title:			
Witness Signature:	_____	Date:	