

**PAYMENT TRANSMITTAL**

**MAIL WITH PAYMENT TO:**

**CENTRAL VIOLATIONS BUREAU  
P.O. BOX 740026  
ATLANTA, GEORGIA 30374-0026**

Defendant Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Check One:  Special Assessment  Fine

Make check payable to: **U.S. DISTRICT COURT**

All financial obligations are to be made by money order (postal or bank) or cashier's check only. To ensure proper credit to your account, this payment voucher must be attached to all payments. Retain a copy of the money order or cashier's check for your records. The copy will also be your receipt.

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