

DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: DeKalb County DUI Court Supervised Treatment Program

PROJECT TITLE: DUI Court Program

GRANT NUMBER: A18-8-008

Mr.

Ms.

Samantha Whaley

PROJECT DIRECTOR NAME (Type or Print)
Court Program Manager

Title and Agency

556 N. McDonough Street, Suite 2240 Decatur, GA 30030

Official Agency Mailing Address

City

Zip

404-294-2509

404-294-2513

Daytime Telephone Number

Fax Number

swhaley@dekalbcountyga.gov

E-Mail Address

Mr.

Ms.

Melanie Wilson

FINANCIAL OFFICER (Type or Print)
Clerk, State Court of DeKalb County

Title and Agency

556 N. McDonough Street, 2nd Floor Admin Tower, Decatur, GA 30030

Official Agency Mailing Address

City

Zip

404-687-3501

404-371-3064

Daytime Telephone Number

Fax Number

mfwilson@dekalbcountyga.gov

E-Mail Address

Mr.

Ms.

Alvin T. Wong and/or Dax E. Lopez

AUTHORIZED OFFICIAL (Type or Print)
Judge, State Court of DeKalb County

Title and Agency

556 N. McDonough Street, Suite 2240, Decatur, GA 30030

Official Agency Mailing Address

City

Zip

404-371-2591

404-687-3820

Daytime Telephone Number

Fax Number

atwong@dekalbcountyga.gov

delopez@dekalbcountyga.gov

E-Mail Address