Ben Sessions

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SENT VIA CERTIFIED U.S. MAIL

WITH RETURN-RECEIPT REQUESTED

October 9, 2023

Georgia Bureau of Investigation

Division of Forensic Sciences – Headquarters

3121 Panthersville Rd.

Decatur, Ga. 30034

Georgia Bureau of Investigation

Division of Forensic Sciences – Northeastern Lab

77 Cobb-Vantress Dr.

Cleveland, Ga. 30528

Georgia Bureau of Investigation

Division of Forensic Sciences – Eastern Lab

1945 Phinizy Rd.

Augusta, Ga. 30906

Re: WITHDRAWAL OF CONSENT TO SEARCH AND TESTING OF BLOOD SAMPLES

Suspect’s Name: ---------------

 Suspect’s Date of Birth: ------------

 Incident Date: 10/01/2023

 Arresting Officer: Officer ---------------

 Georgia Department of Public Safety

Dear Sir or Madam:

 My office represents Mr. ---------- in the above-referenced matter.

On or about October 1, 2023, ------- submitted to a blood draw pursuant to the Georgia Implied Consent Law. --------- was informed that he was required to submit to the blood draw pursuant to the Implied Consent Law**. Mr. ----------** **hereby withdraws his consent to the search and testing of his blood samples drawn in the above-referenced case.**

 If you have questions, please do not hesitate to contact me. My office telephone number is (470) 225-7710 or by email at ben@thesessionslawfirm.com.

 With kindest regards, I am

 Respectfully,

D. Benjamin Sessions

Attorney for Suspect