



GERALD COUCH
Sheriff

OFFICE OF THE SHERIFF HALL COUNTY, GEORGIA

2859 Browns Bridge Road
Gainesville, Georgia 30504
Phone: 770-531-6877 Fax: 770-536-0483

August 26, 2026

Kevin Angell
Now Habersham
P.O. Box 2393
Clarkesville, Georgia 30523

Reference: Open Records Request
Justin Brown / Michael Atkins

Mr. Angell,

The following is in response to your Open Records request, received by the Hall County Sheriff's Office on August 24, 2026, regarding the above-referenced subject. Reference number 2026-1541 has been assigned and should be referenced in all future correspondences/communications regarding this matter.

The Hall County Sheriff's Office performed a search for the records requested:

- We were able to locate termination paperwork for Justin Brown.
- The termination paperwork for Michael Atkins has not been finalized, and is not yet available to the Records Unit.
- The Internal Affairs Reviews for Justin Brown and Michael Atkins are not yet closed, and will be releasable 10 business days following the close of the review, in accordance with O.C.G.A. § 50-18-72(a)(8).

The records are attached to this letter. You may contact me by telephone at 770-531-6877 or by email to orr_sheriff@hallcounty.org, should you require further assistance.

Respectfully,

A handwritten signature in blue ink that reads "Lt. C.D. Parker".

Lt. Cameron Parker
Open Records Officer

CP/hm

NOTICE: This correspondence and any file(s) associated with it are confidential and intended solely for the named recipient, and are the property of the Hall County Sheriff's Office. Any dissemination, distribution, or copying of this letter or any associated documents or files is strictly prohibited.

Haley Mahan (Sheriff's Office)

From: Kevin Angell <kevin@nowgeorgia.com>
Sent: Sunday, August 23, 2026 9:07 PM
To: Sheriff ORR
Subject: ORR

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Please provide all memos, investigations, personnel forms, et all regarding the termination of:

Jeremy Brown
Michael Atkins

Dr. Kevin Angell, PhD, Crime Reporter/True Crimes Podcast Host

Now Habersham
P.O. Box 2393
Clarkesville, GA 30523
Phone: 1-844-NOW-NEWS
(1-844-669-6397) ext 108
Fax: 1-844-205-7259
URL: nowhabersham.com

**Mobile email use. Please forgive any shortened request or misspellings.



Hall County Personnel Action Form

Current Status: Salary Signedoff

Payroll Effective Date:

08/09/2026



First Name:

Justin

Middle Name:

Keith

Last Name:

Brown

Employee #:

10868

Department:

Sheriff - Investigations - 144

Termination Information

Position: 144-9855-18

Termination Type:

Involuntary

Termination Reason:

Misconduct

Position Title:

Investigator

Pay Rate:

31.88

Vacation due:

103.57

Gave how much notice?

N/A (involuntary termination)

Would you rehire?

No

Explain:

Misconduct / Policy Violations

Last Day Worked?

08/18/2026

Explain:

N/A

Notes:

None

mbollinger 2026-08-20 13:20 - dfranklin 2026-08-20 13:30 - mbollinger 2026-08-20 13:32 - adover 2026-08-20 16:24 - mbollinger 2026-08-21 08:52 - mbollinger 2026-08-21 08:52 - mbollinger 2026-08-21 08:52 - jturk 2026-08-21 10:50 -



GERALD COUCH
Sheriff

OFFICE OF THE SHERIFF HALL COUNTY, GEORGIA

2859 Browns Bridge Road
Gainesville, Georgia 30504
Phone: 770-531-6900 Fax: 770-531-7150

August 19, 2026

Justin Keith Brown



Investigator Brown:

This letter shall serve as notice of pending disciplinary action, up to and including termination, as a result of your unauthorized use of the Flock Safety System beginning January 2, 2026 extending through July 30, 2026.

During that six-month time period you accessed the Flock Safety System approximately 250 times for personal use.

We will meet to discuss your pending disciplinary action at 3:00 PM, Wednesday, August 19, 2026. Our meeting shall serve as a pre-termination hearing, at which time you will be given the opportunity to respond before a decision is made whether or not to terminate your employment with the Hall County Sheriff's Office.

Respectfully,

Major Bradley Parks
Commander, Criminal Investigations Bureau

CC: Sheriff Gerald Couch
Chief Deputy Kevin Head
Personnel File



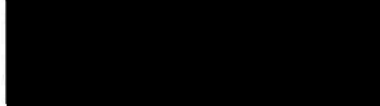
GERALD COUCH
Sheriff

OFFICE OF THE SHERIFF HALL COUNTY, GEORGIA

2859 Browns Bridge Road
Gainesville, Georgia 30504
Phone: 770-531-6900 Fax: 770-531-7150

August 19, 2026

Justin Keith Brown



Investigator Brown:

This letter serves as official notification that your employment with the Hall County Sheriff's Office is terminated, effective immediately.

After careful consideration of all the information presented, including the facts discussed during your pre-termination hearing held today, I have decided to terminate your employment with the Hall County Sheriff's Office.

This decision is based on your unauthorized access to the Flock Safety System, which was discovered during an audit and subsequent Internal Investigation. The investigation determined that you accessed the Flock Safety System approximately 250 times between January 2, 2026, and July 30, 2026. The information you accessed was for your personal use and was unrelated to any legitimate law enforcement purpose or authorized job function.

Your actions constitute unauthorized use of the Flock Safety System and violate multiple Hall County Sheriff's Office Standard Operating Procedures, including Chapter 5-1, Code of Conduct, your Oath of Office, and applicable Georgia law.

Your employment is terminated effective immediately. You are required to return all Hall County Sheriff's Office property in your possession in accordance with Sheriff's Office procedures.

You may appeal this decision by submitting a written request to Chief Deputy Kevin Head within ten (10) calendar days of receiving this letter. Failure to submit a written appeal within the required time will result in the loss of your right to appeal, and this decision will become final. For complete details regarding the appeals process, please refer to the Hall County Sheriff's Office Operations Manual.

Respectfully,

Major Bradley Parks
Commander, Criminal Investigations Bureau

CC: Sheriff Gerald Couch
Chief Deputy Kevin Head
Personnel File



State of Georgia
Department of Labor

SEPARATION NOTICE

1. Employee's Name Justin Keith Brown 2. SSN [REDACTED]

a. State any other name(s) under which employee worked. _____

3. Period of Last Employment: From 12/05/2022 To 8/19/2026

4. REASON FOR SEPARATION:

a. LACK OF WORK ☐

b. If for other than lack of work, state fully and clearly the circumstances of the separation: Termination

5. Employee received payment for: (Severance Pay, Separation Pay, Wages-In-Lieu of Notice, bonus, profit sharing, etc.)
(DO NOT include vacation pay or earned wages)

_____ in the amount of \$ _____ for period from _____ to _____
(type of payment)

Date above payment(s) was/will be issued to employee _____

IF EMPLOYEE RETIRED, furnish amount of retirement pay and what percentage of contributions were paid by the employer.
_____ per month _____ % of contributions paid by employer

6. Did this employee earn at least \$7,300.00 in your employ? YES ☒ NO ☐ If NO, how much? \$ _____

Average Weekly Wage \$ _____

Hall County Government

Employer's Name

2875 Browns Bridge Rd

Mailing Address

Gainesville

City

GA

State

30504

Zip Code

Employer's Telephone No. [REDACTED]
(Area Code) (Number)

NOTICE TO EMPLOYER

At the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c), to provide the employee with this document, properly executed, giving the reasons for separation. If you subsequently receive a request for separation information, you may attach a copy of this form (DOL-800) as a part of your response.

GA D. O. L. Account Number 12011208

I CERTIFY that the above worker has been separated from work and the information furnished hereon is true and correct. This report has been handed to or mailed to the worker.

[Signature]

Signature of Official, Employee of the Employer
or authorized agent for the employer

Sheriff

Title of Person Signing

8/20/2026

Date Completed and Released to Employee

NOTICE TO EMPLOYEE

OCGA SECTION 34-8-190(c) OF THE EMPLOYMENT SECURITY LAW REQUIRES THAT YOU TAKE THIS NOTICE TO THE GEORGIA DEPARTMENT OF LABOR FIELD SERVICE OFFICE IF YOU FILE A CLAIM FOR UNEMPLOYMENT INSURANCE BENEFITS.

**INSTRUCTIONS TO EMPLOYER FOR COMPLETION
OF THIS SEPARATION NOTICE**

In accordance with the Employment Security Law, OCGA Section 34-8-190(c) and Rules pursuant thereto, a Separation Notice must be completed for each worker who leaves your employment, regardless of the reason for the separation. This notice shall be used where the employer-employee relationship is terminated and shall not be used when employer-filed claims (partial) or mass separation (DOL-402) notices are filed.

Item 1. Enter employee's name as it appears on your records. If it is different from the name appearing on the employee's Social Security Card, report both names.

Item 2. Enter the employee's Social Security Number. **Verify for accuracy.**

Item 3. Enter the dates of employee's most recent work period.

Item 4. a. If the reason for separation is for "LACK OF WORK," check box indicated.

b. If the reason for separation is OTHER THAN "lack of work," give complete details about the separation in space provided. If needed, add a separate sheet of paper.

Item 5. If any type payment, (i.e. Separation Pay, Wages-in-lieu of Notice, etc.) was made, indicate the type of payment and the period for which payment was made beyond the last day. Give the date on which the payment was/will be issued to the employee. DO NOT include vacation pay or earned wages.

Item 6. Check the appropriate block YES or NO to indicate whether this employee earned at least \$7,300.00 in your employ. If you check NO, enter amount earned in your employ. Give average weekly wage (without overtime) at the time of separation.

Employer's Name. Give full name of employer under which the business is operated.

Address. Give full mailing address of the employer where communications are to be sent regarding a potential claim.

GA DOL Account Number Employer's 8-digit state account number assigned by GDOL.

Your state DOL Unemployment Insurance Account Number as it appears on your Quarterly Tax and Wage Report.

Signature. This notice must be signed by an officer or employee of the employer or authorized agent for the employer, and this person's title or position held with the employer must be shown.

Date. This notice must be dated as of the date it is handed to the worker. If the employee is no longer available at the time employment ceases, mail this form (DOL-800) to the employee's last known address and enter date the form is mailed.

.....
OCGA Section 34-8-256(b)

PENALTY FOR OFFENSES BY EMPLOYERS. "Any employing unit or any officer or agent of an employing unit or any other person who knowingly makes a false statement or representation or who knowingly fails to disclose a material fact in order to prevent or reduce the payment of benefits to any individual entitled thereto or to avoid becoming or remaining subject to this chapter or to avoid or reduce any contribution or other payment required from an employing unit under this chapter or who willfully fails or refuses to make any such contributions or other payment or to furnish any reports required under this chapter or to produce or permit the inspection or copying of records as required under this chapter shall upon conviction be guilty of a misdemeanor and shall be punished by imprisonment not to exceed one year or fined not more than \$1,000.00 or shall be subject to both such fine and imprisonment. Each such act shall constitute a separate offense."

OCGA Section 34-8-122(a)

PRIVILEGED STATUS OF LETTERS, REPORTS, ETC., RELATING TO ADMINISTRATION OF CHAPTER. "All letters, reports, communications, or any other matters, either oral or written, from the employer or employee to each other or to the department or any of its agents, representatives, or employees, which letters, reports, or other communications shall have been written, sent, delivered, or made in connection with the requirements of the administration of this chapter, shall be absolutely privileged and shall not be made the subject matter or basis for any action for slander or libel in any court of the State of Georgia."

EMPLOYER NOTIFICATION TO EMPLOYEES OF THE AVAILABILITY OF UNEMPLOYMENT COMPENSATION

Unemployment Insurance (UI) benefits are available to workers who are unemployed and who meet the state UI eligibility laws. You may file a UI claim the first week that your employment stops or your work hours are reduced.

For assistance or more information about filing a UI claim visit the Georgia Department of Labor's website at dol.georgia.gov. You will need to provide the following information in order for the state to process your claim:

- Your legal name as it appears on your Social Security card
- Social Security Number
- Georgia Driver's License, if applicable
- Work authorization documents, if you are not a U.S. citizen
- Bank's routing number and your account number, if you want to receive your benefit payments via direct deposit
- Work history information for the last 18 months, to include your separation notice, if provided by your employer

You can file your claim online using any Internet accessible device. Follow these steps to file your claim online:

1. Go to dol.georgia.gov.
2. Select **Apply for Unemployment Benefits**.
3. Answer the questions completely.
4. Download and read the **UI Claimant Handbook**. Information in this handbook provides detailed instructions regarding the unemployment insurance (UI) program and the "Next Steps" to follow after submitting your claim.
5. Record your **Confirmation Number**. A confirmation email will be sent to the email address provided when completing the claim application. (If you do not receive a confirmation number, the application was not successfully completed. It remains on the system for 24 hours. Log in again and make sure you select FINISH to receive a confirmation number.)

If you have questions about the status of your claim, you can check the status of your claim online at dol.georgia.gov by using **My UI (Check My UI Claim Status)**.

For assistance, contact UI Customer Service at 1.877.709.8185 Monday-Friday, 8:00 a.m. – 4:30 p.m. EST or email Customer.Service@gdol.ga.gov.