

MAGISTRATE COURT OF WALKER COUNTY—APPLICATION FOR CRIMINAL WARRANT

INFORMATION ABOUT YOU:

NAME \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
ADDRESS \_\_\_\_\_ Street \_\_\_\_\_ Where do you work? \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ What do You do? \_\_\_\_\_

I AM MAKING A COMPLAINT AGAINST THIS PERSON:

NAME \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
ADDRESS \_\_\_\_\_ Street \_\_\_\_\_ Work Days [ ] Monday thru Friday [ ] Other
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Work Hours \_\_\_\_\_ to \_\_\_\_\_
OTHER ADDRESS \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
THIS PERSON LIVES IN \_\_\_\_\_ COUNTY Beard? [ ] Yes [ ] No Moustache? [ ] Yes [ ] No
He/She works for \_\_\_\_\_ Nicknames \_\_\_\_\_
Work Address \_\_\_\_\_ Hair \_\_\_\_\_ Date of Birth \_\_\_\_\_
Car/Truck/Van or Motorcycle: What kind \_\_\_\_\_ Scars? \_\_\_\_\_
Tag # \_\_\_\_\_ [ ] GA? Social Security # \_\_\_\_\_
HOW DO YOU KNOW THIS PERSON? \_\_\_\_\_

WHAT DID THIS PERSON DO? BE SPECIFIC---USE A BLANK SHEET IF YOU NEED MORE ROOM AND ATTACH
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

WHEN? DATE? \_\_\_\_\_ WHERE? \_\_\_\_\_
TIME? \_\_\_\_\_

Have you ever applied for a warrant before against this person? \_\_\_\_\_ Yes \_\_\_\_\_ No
Has this person ever taken out a warrant against you? \_\_\_\_\_ Yes \_\_\_\_\_ No
Have you ever applied for a warrant against anyone else? \_\_\_\_\_ Yes \_\_\_\_\_ No

**WITNESSES**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street

ADDRESS \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

**VICTIM(S)**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street

ADDRESS \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

HOME PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

**I DO SOLEMNLY SWEAR (OR AFFIRM) THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION FOR A CRIMINAL WARRANT IS TRUE AND CORRECT.**

Sworn to and subscribed to before me

\_\_\_\_\_  
Your Signature

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW/FOR OFFICE USE ONLY**

\_\_\_\_\_ Warrant issued \_\_\_\_\_ Application hearing P.D. Report # \_\_\_\_\_

\_\_\_\_\_ Warrant denied \_\_\_\_\_ Referred to Civil Court \_\_\_\_\_

Other Comments: \_\_\_\_\_

Visible injuries: \_\_\_\_\_

Offense(s) \_\_\_\_\_ O.C.G.A. \_\_\_\_\_

\_\_\_\_\_ O.C.G.A. \_\_\_\_\_

Warrant Language \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_