

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____