

MAGISTRATE COURT OF WALKER COUNTY-APPLICATION FOR CRIMINAL WARRANT
INFORMATION ABOUT YOU:

NAME _____ HOME PHONE _____ WORK PHONE _____
ADDRESS _____ WHERE DO YOU WORK? _____
STREET _____
CITY _____ STATE _____ ZIP _____ WHAT DO YOU DO? _____

I AM MAKING A COMPLAINT AGAINST THIS PERSON

NAME _____ HOME PHONE _____
ADDRESS _____ WORK PHONE _____
STREET _____ Work Days _____ Monday thru Friday
CITY _____ STATE _____ ZIP _____ Work Hours _____ to _____
OTHER ADDRESS _____ Race _____ Sex _____ Age _____
STREET _____ Height _____ Weight _____
CITY _____ STATE _____ ZIP _____ Beard? _____ yes Moustache? _____ yes
no no no

THIS PERSON LIVES IN _____ COUNTY Nicknames _____
He/She works for _____ Hair _____ Date of Birth _____
Work Address _____ Color _____
Car/Truck/Van What kind _____ Scars? _____
Or Motorcycle: Tag# _____ GA? _____

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 _____
ADDRESS _____
STREET _____
CITY STATE ZIP _____
HOME PHONE _____
WORK PHONE _____

NAME _____
ADDRESS _____
STREET _____
CITY STATE ZIP _____
HOME PHONE _____
WORK PHONE _____

VICTIM(S)

NAME _____
ADDRESS _____
STREET _____
CITY STATE ZIP _____
HOME PHONE _____
WORK PHONE _____

NAME _____
ADDRESS _____
STREET _____
CITY STATE ZIP _____
HOME 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

This _____ day of _____, 20____.

Your signature

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____

Judge, Magistrate Court