ATHENS-CLARKE COUNTY MAGISTRATE COURT
CRIMINAL WARRANT APPLICATION
WARRANT APPLICATION FEE – $40.00

APPLICANT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DEFENDANT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ LAST 4 SSN: _____ DOB: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____

1. WHAT ARE YOU REQUESTIONG A WARARNT FOR _____
2. ADDRESS AND LOCATION OF OFFENSE: _____
3. EXPLAIN BRIEFLY IN YOUR OWN WORDS WHAT HAPPENED: _____

_____

HAVE YOU NOTIFIED THE POLICE ABOUT THIS INCIDENT?	☐ **YES**	☐ **NO**
DO YOU HAVE A POLICE REPORT? IF SO PLEASE ATTACH TO THIS APPLICATION	☐ **YES**	☐ **NO**
HAS ANYONE BEEN ARRESTED AS A RESULT OF THIS INCIDENT	☐ **YES**	☐ **NO**
HAVE YOU AND THE DEFENDANT EVER HAD A CASE IN MAGISTRATE COURT	☐ **YES**	☐ **NO**

PLEASE LIST ANY WITNESSES:

NAME STREET ADDRESS/CITY/STATE/ZIP CODE PHONE NUMBER

_____

_____

***NOTE: More than two witnesses require Judge's approval.**

I understand that Georgia law directs a warrant application to be personally served upon the Defendant and that if personal service cannot be completed in this case, the matter may not be able to proceed.

_____

SIGNATURE **DATE**