**MAGISTRATE COURT FOR THE COUNTY OF WHITFIELD**
**APPLICATION FOR CRIMINAL ARREST WARRANT/CITATION**
**PLEASE PRINT**
**NON REFUNDABLE FEE FOR APPLICATION--$20.00**

**[ ] Requested by individual** **[ ] Requested by law enforcement**

I, _____DO HEREBY FILE THIS APPLICATION FOR A WARRANT OR CITATION

FOR_____
NAME ADDRESS (CITY, STATE, ZIP) (MUST HAVE AND BE CURRENT WITH PHONE NUMBER)

**(IF MORE THAN ONE PERSON LIST OTHERS ON BACK AND ANSWER QUESTIONS BELOW FOR EACH PERSON)**

ARE YOU AND THE PERSON YOU ARE FILING AGAINST OVER THE AGE OF 17? _____

DO YOU KNOW THIS PERSON? _____.IF SO HOW LONG? _____.IS THIS PERSON RELATED TO YOU? _____

IS THIS PERSON EMPLOYED? _____.IF YOU KNOW, PLEASE LIST PLACE OF EMPLOYMENT, ADDRESS IF KNOWN,

SHIFT IF KNOWN AND OTHER INFORMATION WHICH MAY HELP LAW ENFORCEMENT OFFICERS TO LOCATE THE

PERSON: _____

_____

PLEASE TELL IN YOUR OWN WORDS, WHAT HAPPENED, INCLUDE THE DAY(S), DATE(S) AND TIME(S)
[For additional information write on the back of application, if needed]:
_____

_____

_____

_____

WHAT WOULD YOU LIKE THE COURT TO DO TO HELP YOU? _____

_____

_____

HAVE YOU FILED A REPORT WITH LAW ENFORCEMENT OFFICIALS? _____WHEN? _____

WHICH AGENCY (SHERIFF/CITY)? _____NAME OF OFFICER_____

REPORT NUMBER_____

COMPLAINANT/VICTIM INFORMATION: ADDRESS_____
TELEPHONE NO: _____PLACE OF EMPLOYMENT: (GIVE NAME OF EMPLOYER, ADDRESS,
PLANT NUMBER IF APLICABLE DEPARTMENT/SHIFT, TELEPHONE NUMBER AND EXTENSION_____

_____

I HEREBY SWEAR AND AFFIRM, UNDER PENALTY OF LAW, THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND CORRECT.

_____ _____
SIGNATURE OF APPLICANT DATE

DO NOT WRITE BELOW THIS LINE

ADDITIONAL TESTIMONY: _____

_____

HEARING_____/GBB_____/CITATION NO: _____/WARRANT NO: _____