

CRIMINAL WARRANT APPLICATION INSTRUCTIONS PAGE

Misdemeanor Criminal Warrant Applications are available online at the Magistrate Court Website www.dekalbcountymagistratecourt.com

1. From the website, download your preferred Misdemeanor Criminal Warrant Application form: either the **1) fillable PDF** or **2) static PDF to print**.

****Please see the table below for instructions on how to complete each form**

2. Complete your preferred form and send form

| Fillable PDF | Static PDF to print |
|---|---|
| 1. Type your responses in the fillable PDF form | 1. Print the form |
| 2. Save the document | 2. Complete the form using BLOCK LETTERS Do NOT write in cursive |
| 3. Email the form to: MagCtWarrantApp@dekalbcountyga.gov | 3. Scan the form |
| 4. Place your name in the Subject Line of the email | 4. Email the form to: MagCtWarrantApp@dekalbcountyga.gov |
| | 5. Place your name in the Subject Line of the email |

3. The clerk will forward your application form to the judge on duty
4. The judge will contact you directly to speak to you regarding your application. **PLEASE NOTE:** The judge may contact you by email or by calling you from a "Blocked" or "Private" number, so please be on the lookout for an email or a call from a "Blocked" or "Private" number.
5. If you have any questions after submitting your application, please call 404.294.2150



MAGISTRATE COURT OF DEKALB COUNTY - APPLICATION FOR CRIMINAL WARRANT

INFORMATION ABOUT YOU:

Name _____

Address _____

Street

City _____ state _____ zip _____

Phone _____ Email _____

Where do you work? _____

What do you do? _____

THIS PERSON WILL KNOW HOW TO REACH ME

Name _____

Phone _____

Address _____

Email _____

I AM MAKING A COMPLAINT AGAINST THIS PERSON:

Name _____

Address _____

Street

City _____ State _____ Zip _____

THIS PERSON LIVES IN _____ COUNTY

He/She works for _____

Work Address _____

Street address

City _____ State _____ Zip _____

Type of Job _____

Phone _____

Alt. phone _____

Email address _____

Work days _____

Monday through Friday

Other _____

Work hours _____ to _____

Race _____ Sex _____ Age _____

Height _____ Weight _____

Beard? Yes No Moustache? Yes No

Hair color _____ Eye color _____

Date of Birth _____

Scars? Yes No List: _____

Social Security No. _____

NICKNAMES _____

Car/truck/van/motorcycle: _____

Make/Model _____ Color of motor vehicle _____ Year _____

Ga. Tag Yes No Tag No. _____

HOW DO YOU KNOW THIS PERSON? _____

WHAT DID THIS PERSON DO? _____

When? Date? _____

Where? _____

Time? _____

Dollar Amount? _____

Have you ever applied for a warrant before against this person?
Has this person ever taken out a warrant against you?
Have you ever applied for a warrant before against anyone else?
Have you ever asked for a warrant to be dismissed?

| | | | |
|--|-----|--|----|
| | Yes | | No |
| | Yes | | No |
| | Yes | | No |
| | Yes | | No |

WITNESSES:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

Street

Street

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone _____ Email _____ Phone _____ Email _____

BY AFFIXING YOUR NAME BELOW YOU ARE SOLEMNLY SWEARING (OR AFFIRMING) THAT ALL INFORMATION CONTAINED IN THIS APPLICATION FOR A CRIMINAL WARRANT IS TRUE AND CORRECT.

Sworn to and subscribed to before me
this _____ day of _____,

Your Signature

Today's Date

DO NOT WRITE BELOW SOLID LINE/FOR COURT use ONLY

___ Warrant Issued ___ Appearance hearing

___ Warrant denied ___ Warning letter ___ Referred to Civil Court Police Report No. _____
Special conditions: _____

___ Domestic Violence ___ Domestic Dispo _____ Bond Hearing_____

Visible Injuries: _____

Offense(s) _____ OCGA § _____
_____ OCGA § _____

Warrant language and/or other comments: _____

