

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: _____

