

IN THE MAGISTRATE COURT OF RABUN COUNTY
STATE OF GEORGIA

WARRANT APPLICATION

CASE # _____

APPLICANT

Name

Mailing Address

City & State, Zip

Place of Work

Work Phone No./Home Phone No.

***A name and address must be known in order
for the accused to be served. ***

ACCUSED

Name (Only one name per application)

(Physical Address)

City & State, Zip

Place of Work

Race Sex

Make Model Auto Tag No.

Work Phone No / Home Phone No.

WHAT HAPPENED

Place alleged offense occurred: _____
(Where in Rabun County?) Street City

Date of Alleged Offense: _____ Time: _____ AM/PM

Describe the circumstances involving the alleged offense: **(BRIEF DESCRIPTION):** What happened?

List Witnesses: _____

If this incident was investigated by a Law Enforcement Agency, please list the agency and the investigating officer.

How do you know the accused? _____

Are you related to the accused? _____

List someone who will know how to reach you at all times _____ Phone No. _____

**I DO SOLEMNLY SWEAR (OR CONFIRM) 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 _____, 20____.

Notary Public or Clerk of Court

APPLICANT DATE