

**IN THE MAGISTRATE COURT OF WORTH COUNTY, STATE OF GEORGIA**  
**APPLICATION FOR PRE – WARRANT HEARING**

Application fee: \$20.00

**INFORMATION ABOUT APPLICANT**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Place of Employment (job title)

\_\_\_\_\_  
(Area Code) Home Phone Number

\_\_\_\_\_  
(Area Code) Work Phone Number      (ext#)

\_\_\_\_\_  
(Area Code) Cell Phone Number      (if applicable)

**PLEASE READ CAREFULLY:**

1. There **MUST** be a crime alleged pursuant to a violation of the Laws of the State of Georgia before a hearing will be scheduled by the Magistrate Court.
2. Application for a **MISDEMEANOR** warrant **MUST** be accompanied by a police report obtained by you before a hearing will be scheduled by the Magistrate Court.
3. Application for a **FELONY** warrant **MUST** be investigated by the appropriate Law Enforcement jurisdiction before submission of this application to the Magistrate Court.
4. A **FULL ADDRESS** **MUST** be provided on the person you are making a complaint against before submission of this application to the Magistrate Court.
5. All information **MUST** be detailed and true and correct to the best of your knowledge.

**I AM MAKING A COMPLAINT AGAINST THIS PERSON:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Place of Employment (job title)

\_\_\_\_\_  
Work address (street, city, state, zip code)

\_\_\_\_\_  
(Area Code) Home Phone Number

\_\_\_\_\_  
(Area Code) Work Phone Number      (ext#)

\_\_\_\_\_  
(Area Code) Cell Phone Number      (if applicable)

\_\_\_\_\_  
Place of Employment (job title)

\_\_\_\_\_  
Work address (street, city, state, zip code)

\_\_\_\_\_  
Other address

\_\_\_\_\_  
This person lives in \_\_\_\_\_ County.

This person drives a: \_\_\_\_\_  
(Make, Model, Year, Color, Tag#, any identifiable marks, dents, logos, etc)

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ BEARD: ☐ MOUSTACHE: ☐ GOATEE: ☐ NO FACIAL HAIR: ☐ SCARS/MARKS/TATTOOS: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

DESCRIBE IN DETAIL WHAT THIS PERSON DID: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (attach additional information if needed)

Date/Time of Incident: \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_; \_\_\_\_\_ AM or PM      Location of Incident: \_\_\_\_\_

Have you ever applied for a warrant against this person before? ☐ YES ☐ NO  
Have you ever applied for a warrant against anyone else before? ☐ YES ☐ NO

Has this person ever taken out a warrant against your before? ☐ YES ☐ NO  
Have you ever asked for a warrant to be dismissed before? ☐ YES ☐ NO

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact numbers (home, work, cell phone numbers)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact numbers (home, work, cell phone numbers)

**I DO SOLEMNLY SWEAR/AFFIRM THAT ALL OF THE ABOVE CONTAINED INFORMATION IN THIS APPLICATION FOR A CRIMINAL WARRANT AGAINST THE NAMED PERSON IS TRUE AND CORRECT.**

\_\_\_\_\_  
Affiant signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Attesting Official

Visible injuries: \_\_\_\_\_

Offense: \_\_\_\_\_  
Offense: \_\_\_\_\_  
Offense: \_\_\_\_\_

OCGA: \_\_\_\_\_  
OCGA: \_\_\_\_\_  
OCGA: \_\_\_\_\_