**APPLICATION FOR A CRIMINAL BAD CHECK ARREST WARRANT**
**(PLEASE TYPE OR PRINT WITH BLACK OR BLUE INK)**

**Liberty County Magistrate Court**
**201 South Main Street, Suite 2100**
**Hinesville, Georgia 31313**
**(912) 368-2063**

WARRANT NUMBER_____ ( M / F )
(FOR OFFICE USE ONLY)

I, _____
Name of Affiant Business Name

_____
Address Zip Code Telephone

do hereby file this application for a warrant for:

Name (Person signing check) Address Telephone

_____

_____

Name (Person presenting check) Address Telephone

_____

_____

Date check was given to payer_____
Complete address where check was received_____
Was the check given for (check options that apply):
☐Merchandise ☐Cash ☐Rent ☐Service ☐Child Support ☐State Taxes
☐Other---- What Kind?_____
Was the check given at the same time goods or services were received?_____
Was the check presented to the bank within 30 days of receipt by payee?_____
Check was returned for: ☐ Insufficient Funds ☐ Account Closed ☐ No Account
☐ Stop Payment ☐ Other_____

| | | |
|---|---|---|
| Has demand for payment been made by registered mail? | ☐ Yes | ☐ No |
| Was the registered letter returned to you unclaimed? | ☐ Yes | ☐ No |
| Has the ten (10) day period passed? | ☐ Yes | ☐ No |
| Have any partial payments been made on this check? | ☐ Yes | ☐ No |
| Was this check post-dated or held for any amount of time? | ☐ Yes | ☐ No |
| Has defendant given a bad check before? | ☐ Yes | ☐ No |

Where and when?_____

**INFORMATION ON CHECK**
Name, phone number and address of person physically taking check_____

_____

Check written on what bank_____ Amount_____
On account of_____ Payable to_____
Check number_____ Signed by_____
Account number_____ Endorsed by_____

**COMPLETE OTHER SIDE**

## OFFENDERS INFORMATION

Drivers License No. & State_____ Date of Birth_____
S.S. No._____ Other_____
**WITNESSES** (persons present when check was signed)**:**
Name_____ Phone_____
Address_____
Name_____ Phone_____
Address_____
**ADDITIONAL INFORMATION:**_____
_____
_____
_____

I understand that after I apply for this warrant and do not prosecute, I will be charged up to $125.00 court costs. I do solemnly swear (or affirm) that ALL of the information contained in this application for a criminal warrant is true and correct.

_____ _____
Your Signature Date

Sworn to and subscribed before me this_____day of_____, _____.

_____
Judge/Clerk Magistrate Court

Upon full restitution and payment of court costs, I recommend the warrant against the above defendant be dismissed.

_____
Your Signature

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**FOR OFFICE USE ONLY**

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☐WARRANT ISSUED ☐WARRANT DENIED

**COMMENTS:**_____
_____
_____
_____
_____
_____
_____

**(Rev. 2\16\17)**