

MAGISTRATE COURT OF HALL COUNTY
APPLICATION FOR CRIMINAL ARREST WARRANT
(The hearing fee you pay on this application is authorized by Georgia Law O.C.G.A. 15-10-82)

Date: _____

Your Name: _____

Address: _____

Phone: _____

.....
Person Accused of Crime: _____

Home Address: _____

Work Address: _____

Age: _____ Race: _____ Sex: _____ Weight: _____ Height: _____

Hair Color: _____ Eye Color: _____ D/O/B: _____

Any Other Information: _____

.....
Date Crime Committed: _____

Address Where Crime Occurred: _____

A **Brief** Description of What Happened:

Witness: _____

Address: _____

Phone: _____

Witness: _____

Address: _____

Phone: _____

Interpreter Needed? ___ Yes ___ No

Language: _____

Applicant

DO NOT WRITE BELOW THIS LINE

() Mediation Hearing () Warrant Hearing () Warrant Issued () No Action () Other

Notes: