IN THE MAGISTRATE COURT OF LEE COUNTY STATE OF GEORGIA

WARRANT APPLICATION

APPLICANT INFORMATION

Name		Age	DOB	SS# or DL#
Street		City	State	Zip Code
Cellular #	Home #		k #	
ACCUSED INFOR	MATION			
Name		Age	DOB	SS# or DL#
Street		City	State	Zip Code
Cellular #	Home #	Worl	k #	
Place of Employment				
Do you know the Relationship to the BOYFRIE Have you lived in t	ne accused: ND(NONE GIRLFRIEND	NO FRIE SPOUSE cused: YE	
	cation was/is: _	Street Address Cour	nty	State Ccused:
DID A LAW ENFO IF YES WHICH ON WAS ANYONE AR	NE: LEE CO	S.O. GSP	LEESBURG P.D	D. SMITHVILLE P.D.
this application. in your affidavit b I, the above name	of this page to BE ADVISED the eing dismissed	o completely denat an incompled on its face. ed this affidavi	escribe the evenete accounting o	ts that lead you to file of the events may result arrest warrant(s)

Page ____ of ____

Applicant	Date		
I do solemnly swear (or affirm) that all application/affidavit is true and correct the facts contained herein could resul	t. Lalso	understand tha	t a misrepresentation of
	Applicant		
Sworn and subscribed to before me th	is	day of	, 20
		(Clerk) (Jud	ge)