

AFFIDAVIT/APPLICATION FOR CRIMINAL BAD CHECK ARREST WARRANT OR CITATION

WARRANT/CITATION NUMBER

I, Name Business Name Address(Including street, city & state) Zip Code Phone No. DO HEREBY FILE THIS APPLICATION FOR A WARRANT OR CITATION FOR:

Name (Person who signed check) Address(Including street, city & state) Zip Code Phone No.

Height Weight Gender Race Date of Birth

Full address where check was received by Payee (Victim) Amount of Check Check No.

Date check was given to Payee (Victim): Month/Day/Year Bank Drawn Upon

Why was the check returned from the bank? Insufficient funds [] Account Closed [] No Acct. [] Stop Payment [] Other (may need bank clarification) []:

- YES NO Is the date on the check different from the date it was given to Payee (Victim)? Was the check received in Cobb County? Was the check presented to bank within 30 days of your receipt? Was identification produced and documented on check? Name of person who received the check: Did the person who passed the check do any of the following in the presence of the person who accepted the check: (a) Date check? Yes No (b) Sign check Yes No Was the check given for (check one): [] Rent, [] Wages, [] State Taxes, [] Loan, [] Services, [] Child Support, [] Debt, [] Cash, [] Account, [] Merchandise, [] Other Explain: Did the victim give the merchandise, services, etc. at the time check was given? If No, when were services, merchandise, etc. given? At the customer's request this check was held for: No request [] 0-1 day [] 2-3 days [] 3-7 days [] More than 7 days [] IS THE ORIGINAL CHECK (OR LEGAL COPY) ATTACHED? Was the certified or registered letter sent within 90 days from the date the check was marked NSF/AC? Was the certified or registered letter returned to you unclaimed? If No, who signed for the letter? Date signed for Was there any response from the maker of the check when contacted about the check (i.e., did he/she come to the store, or write or call)? If yes, what was said?

The above answers are true to the best of my knowledge and belief. I make this affidavit/application so that a citation and/or warrant may be issued for the accused.

By submitting this application I understand that if I accept a partial or full payment, I am responsible for dismissing the warrant or citation and paying the appropriate court costs. I understand the \$10.00 application fee is nonrefundable.

Signature Date Receipt No. Sworn and subscribed to me on

Magistrate/Deputy Clerk

TO BE FILLED IN BY MAGISTRATE OFFICE ONLY: Citation/Warrant approved Yes No If Not, why was it not approved?

Criminal Code O.C.G.A. § 16-9-20: Felony Misdemeanor

DEFENDANT PRESENT YES NO

Signature of Magistrate Bond Date