

IN THE MAGISTRATE COURT OF WALTON COUNTY, STATE OF GEORGIA

303 South Hammond Drive Suite 116
Monroe, Georgia 30655 770-267-1349

APPLICATION FOR DEPOSIT ACCOUNT FRAUD WARRANT

Warrant Number _____

(Affiant)

(Defendant)

VS.

Business name (if applicable)

(Address)

(Address)

(City, State, Zip Code)

(City, State, Zip Code)

(Area Code) Phone Number

(Area Code) Phone Number

I, _____, do hereby make application for a warrant against the above named Defendant.
(Affiant)

- Was the check received at the same time goods or services were received? [] YES [] NO
Was the check presented to the bank within (30) days of receipt by payee? [] YES [] NO
Has demand for payment been made by registered mail within (90) days of the date check received? [] YES [] NO
Was the registered letter returned to you unclaimed? [] YES [] NO
Has the (10) day period passed? [] YES [] NO
Have any partial payments been made on this check? [] YES [] NO
Has the Defendant given you a bad check prior to this? [] YES [] NO (if yes, when/where)

Check written for: [] Rent [] Wages [] Service(s) [] Child Support [] State Taxes [] Merchandise (describe) [] Other

Check returned for: [] Insufficient Funds (NSF) [] Account Closed [] No Account [] Other

Location/Address check received _____

INFORMATION ON CHECK

Name on account _____
Address/Phone number _____
Bank name listed on check _____
Date check was received ____/____/20 ____ Check Number _____ Amount of check: \$ _____
Payable to _____
Signature on check _____
Endorsed by _____

IDENTIFICATION OF DEFENDANT

Driver's License or Social Security Number obtained at the time check was received? [] YES [] NO (if yes, number)
Date of birth obtained at the time check was received? [] YES [] NO (if yes, DOB)

If other forms of identification provided by Defendant at the time the check was received by payee, explain _____

Name of person/employee who cashed check (include address, phone number) _____

I understand that I should not accept payment for this check after this warrant has been issued. Any future payment should be made directly to the Court. I understand that should I choose to withdraw this warrant after it has been issued, I will be responsible for the court costs in the amount of \$63.50. I do solemnly swear/affirm that ALL information contained in this application for the criminal warrant of Deposit Account Fraud against the above named Defendant is true and correct.

(Affiant) _____ /_____/20____ (Date)

COURT USE ONLY

Sworn to and subscribe before me this _____ day of _____, 20____ [] Warrant APPROVED [] Warrant DENIED [] Felony [] Misdemeanor

(Attesting Official) _____ (Judge, Magistrate Court of Walton County)