

# MAGISTRATE COURT OF CLAYTON COUNTY

CITATION/WARRANT NO. \_\_\_\_\_

CITATION NO. \_\_\_\_\_

## AFFIDAVIT/APPLICATION FOR DEPOSIT ACCOUNT FRAUD ARREST WARRANT OR CITATION

I hereby swear or affirm that the following information is true and correct to the best of my knowledge and belief and that I am making this affidavit/application so that a citation and/or arrest warrant may be issued for the accused/defendant:

Name of person who signed check (Defendant): \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Sex \_\_\_\_ Race \_\_\_\_ Hair \_\_\_\_ Eyes \_\_\_\_  
 Hgt. \_\_\_\_\_ Wht. \_\_\_\_\_ Identifying marks \_\_\_\_\_ Alias \_\_\_\_\_  
 Employer \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
 Vehicle \_\_\_\_\_ D.L. # \_\_\_\_\_ Tag # \_\_\_\_\_  
 Name of the payee \_\_\_\_\_ Phone \_\_\_\_\_  
 Payee's Address \_\_\_\_\_ City \_\_\_\_\_, GA Zip \_\_\_\_\_  
 Check received at \_\_\_\_\_ City \_\_\_\_\_, GA Zip \_\_\_\_\_  
 Check received by: \_\_\_\_\_ Phone \_\_\_\_\_  
 (Person who took Address: \_\_\_\_\_  
 the check for Payee)

Check No.	Date	Amount	Date Presented to Bank	Date Returned By Bank	Date of Certified Letter	Date Letter Received or Returned	NSF	No Account	Acct. Closed

CHECK WAS GIVEN FOR:     MERCHANDISE     SERVICES     CHILD SUPPORT     WAGES  
                                    ACCOUNT     CASH     DEBT     RENT     LOAN  
                                    OTHER PRESENT CONSIDERATION: \_\_\_\_\_

IS THE DATE ON THE CHECK DIFFERENT FROM THE DATE GIVEN?     YES     NO  
 AT THE DEFENDANT'S REQUEST, THE CHECK WAS HELD:     NO REQUEST     \_\_\_\_\_ DAYS  
 HAS DEFENDANT PAID ANY AMOUNT TOWARD RESTITUTION?     YES     NO  
 WAS THE CHECK A THIRD PARTY CHECK?     YES     NO  
 WAS THE CHECK RECEIVED IN CLAYTON COUNTY?     YES     NO

The above information and the oral testimony subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
 Affiant / Applicant / Agent of Payee

\_\_\_\_\_  
 Print or type Affiant's Name

Phone#(    ) \_\_\_\_\_  
 of Affiant

\_\_\_\_\_  
 Judge/Clerk  
 Citation  authorized     not authorized  
 Warrant  authorized     not authorized