

## **IMPORTANT NOTICE TO FELONY BAD CHECK ARREST WARRANT APPLICANTS**

**Georgia State Law (O.C.G.A. §17-4-40) sets forth the procedure for the court to follow when someone who is not a police officer applies for the arrest of another person. That law requires the court to schedule the application for a hearing and notify the person whose arrest is sought about the hearing. A copy of your application will be provided to the accused. The judge will decide whether or not to issue an arrest warrant after the hearing.**

- Only felony bad checks are filed in Magistrate Court. Felony bad checks are checks written for \$500.00 or more or checks drawn on out of state banks. If the check in question does not meet either of those requirements, you should request a bad check application from the Solicitor's Office.**
- You must have received the check in Clayton County.**
- If you accepted a post-dated check, or if you have accepted any money toward payment of the check, do not file this application. You should seek legal advice.**
- In order to file this application, you must have deposited the check within thirty (30) days from the date it was written.**
- In order to file this application, the check must have been returned by the bank "NSF", "No Account", "Account Closed", or similar language. If the check is not marked with that language, you should seek legal advice. It is not criminal deposit account fraud to "Stop Payment" on a check and you should not file this application for a "Stop Payment" check.**
- The Statutory Form Letter (see attached) must have been sent via certified mail to the person who signed the check and to the address on the check within ninety (90) days of the date the check was returned from the bank. Upon return of the letter, if no one signed for it, you may immediately file an application with the Magistrate Court. If the letter is signed for, you must wait ten (10) days for payment, before filing the application.**
- When you file the application, you must present to the Clerk: (1) the original check or the LEGAL COPY provided by the bank; and (2) either the original green card showing that the form letter was signed for or the original envelope showing that the form letter was returned undeliverable. The Clerk will keep the original check and make copies of the green card or envelope and return the original(s) to you. You must bring the original green card or returned envelope to court on the hearing date as well as a copy of the form letter you sent.**
- Applications may be filed in the Clerk's Office from 8:00a.m. - 5:00p.m. weekdays, excluding county-recognized holidays.**
- State Law O.C.G.A. §15-10-82 (as amended by HB1055) sets a filing fee of \$20.00 for each arrest warrant application you file. The fee is NON-REFUNDABLE.**
- You must provide the full name, complete current address, complete date of birth**

**and a physical description of the person whose arrest is sought. If you file an application without this information, the Judge will deny your application. If you are missing any of this information, you need law enforcement assistance.**

- You must fill out a separate application for each bad check.**
- If your application is denied or you dismiss it, you may not re-file on the same check.**
- You do not have the right to see a Magistrate judge.**
- This application can only result in the arrest and detention of a person for committing the criminal offense of deposit account fraud. It cannot result in an award of money to you.**
- Employees in the Clerk's office, employees in the Judge's office, and the Magistrate judges themselves are prohibited by state laws and regulations from providing legal advice. If you have questions about your legal rights, legal remedies available to you, or what legal documents to file and where to file them, you must contact an attorney.**

***I have read and understand the above information regarding arrest warrant applications.***

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

# 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: \_\_\_\_\_ Social Sec. # \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_ Alias: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone(Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
 Vehicle: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_ 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 the check for Payee) Address: \_\_\_\_\_

Check No.	Date	Amount	Date Presented to Bank	Date Returned By Bank	Date of Certified Letter	Date Letter Received or Returned	NSF	No Account	Account 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 \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Judge/Clerk

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

Citation  authorized     not authorized  
 Warrant  authorized     not authorized

(    )  
\_\_\_\_\_  
Phone Number of Affiant

**DEMAND LETTER PURSUANT TO  
O.C.G.A. §16-9-20**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

From: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

**YOU ARE HEREBY NOTIFIED that the following check(s) or instrument(s)**

Check Number	Check Date	Check Amount	Name of Bank
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

drawn upon account number \_\_\_\_\_ and payable to \_\_\_\_\_  
has/have been dishonored.

**Pursuant to Georgia Law, you have ten (10) days from the receipt of this notice to tender payment of the total amount of the check(s) or instrument(s) plus applicable service charge(s) as calculated below:**

\$ \_\_\_\_\_ Service Charge(s)

\$ \_\_\_\_\_ Total Amount Due

**Unless this amount is paid in full within the specified time above, a presumption in law arises that you delivered the check(s) or instrument(s) with the intent to defraud and the dishonored check(s) or instrument(s) and all other available information relating to this incident may be submitted to the Magistrate Court for the issuance of a criminal warrant or citation or to the District Attorney or Solicitor General for criminal prosecution.**

Sincerely,

\_\_\_\_\_  
Name of Sender