

**MAGISTRATE COURT OF LAURENS COUNTY  
APPLICATION FOR ISSUANCE OF CRIMINAL WARRANT**

In order to apply for a criminal warrant, you must report your problem to the appropriate law enforcement agency and obtain an incident report before this application will be accepted for review. When you have completed this form, return the form to the Magistrate Judge for his review. If a warrant is issued and if you fail to prosecute the case, then you will be charged court costs plus any applicable Sheriff's fees, which may be substantial.

**Warning: False statements made on the application may subject you to criminal and civil liability.**

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\_\_\_\_\_  
Your Full Name

\_\_\_\_\_  
Your Daytime Phone Number

\_\_\_\_\_  
Your Street Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Employer Phone

I want a warrant for the arrest of the following person:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
AKA (Alias)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Employer Phone

Description: Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Birth Date \_\_\_\_\_

Scar / Tattoos \_\_\_\_\_ SS# \_\_\_\_\_ Vehicle \_\_\_\_\_ Model \_\_\_\_\_ Tag No. \_\_\_\_\_

Do you have any civil suits of any kind pending with the defendant? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any warrant or any other action been taken out against you or a relative of yours involving this incident?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you taken out a warrant against this person before today? Yes \_\_\_\_\_ No \_\_\_\_\_

How do you know the defendant? \_\_\_\_\_

Are you related to the defendant? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the defendant live with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you romantically involved with the defendant? Yes \_\_\_\_\_ No \_\_\_\_\_

What crime do you believe the suspect committed? \_\_\_\_\_

Where did it happen? Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Location \_\_\_\_\_

When did it happen? \_\_\_\_\_ Time \_\_\_\_\_

Witness Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

*Attach a copy of incident report to this application.*

