

Office Use Only

Number of Warrants _____

Number of Pre-Warrant Hearings _____

Costs \$ _____

Costs \$ _____

Total Cost \$ _____

POLICY: ONCE A WARRANT HAS BEEN PROCESSED YOU CANNOT STOP IT. DO NOT TAKE MONEY FROM THE CUSTOMERS. IF THEY WANT TO PAY, HAVE THEM CONTACT THE SHERIFF'S DEPARTMENT OR THE COURT

**ATHENS-CLARKE COUNTY MAGISTRATE COURT
BAD CHECK WARRANT APPLICATION**

****\$20.00 for warrants withdrawn prior to issuance****

Costs: \$20.00 per warrant

\$20.00 per pre-warrant hearing

Check(s) made payable to: _____

Location (address) where check was passed (Athens-Clarke County): _____

Your mailing address: _____

Your business telephone number: _____ Cell: _____

Please **Print** the Name of the Person to Sign Warrants: _____

Present consideration (ex: merchandise/ services/ rent, etc.): _____

Please answer all of the following questions:

1. Have you sent a certified letter on all returned checks? ____ Yes ____ No.
2. Have you accepted any partial payments on these check(s)? ____ Yes ____ No
3. Were any of these checks post dated? ____ Yes ____ No
4. Were any of these checks payments on account/installments? ____ Yes ____ No

GENERAL INFORMATION: Checks drawn on a business account where the signature does not clearly show ownership or responsibility will be set for a pre-warrant hearing. You can take full payment on these checks prior to the hearing date; you just need to dismiss the application prior to the court date.

IMPORTANT: A warrant can be obtained for checks stamped NSF, ACCOUNT CLOSED OR NO ACCOUNT. On all others (STOP PAYMENT, REFER TO MAKER, ETC.), you may request a warrant application hearing and subpoena the bank representative.

NOTE: There will be a \$30.00 penalty added to the total amount due to the merchant. This should cover bank charges, certified letter fees, etc. Should you have more than two checks on a warrant, you can provide proof of additional bank charges and the Judge may consider additional penalties on the total due.

THIS APPLICATION MAY RESULT IN AN ARREST

This ____ day of _____, 20____

Signature of Applicant: _____

(OVER)

Please complete the following for each individual:

Name	_____
Address	_____
Driver' Lic.#	_____
Date of Birth	_____
Gender	_____
Race	_____

Name	_____
Address	_____
Driver' Lic.#	_____
Date of Birth	_____
Gender	_____
Race	_____

Name	_____
Address	_____
Driver' Lic.#	_____
Date of Birth	_____
Gender	_____
Race	_____

Name	_____
Address	_____
Driver' Lic.#	_____
Date of Birth	_____
Gender	_____
Race	_____