AFFIDAVIT AND REQUEST FORM FOR MISDEMEANOR WARRANT

INCIDENT #_____ **TODAY'S DATE:_____**
(see police report for #)

DO YOU HAVE ANY SPECIFIC INFORMATION OR OTHERWISE HAVE ANY REASON TO BELIEVE THAT THE PERSON YOU ARE WANTING TO CHARGE HAS ALREADY BEEN ARRESTED, RECEIVED A CITATION OR OTHERWISE BEEN CHARGED FOR ANY OF THE CONDUCT FOR WHICH YOU ARE ALLEGING?
_____ YES _____ NO

IS THE PERSON YOU ARE WANTING TO CHARGE AT LEAST EIGHTEEN YEARS OF AGE?
_____ YES _____ NO

DID THIS INCIDENT OCCUR INSIDE THE CITY LIMITS OF CONWAY?
_____ YES _____ NO

SUSPECT (Person you want the warrant against):

Name:_____

Date of Birth, Race and Sex:_____
(If DOB is unknown, put approximate age)

Social Security Number and/or Driver's License #:_____

Address:_____
(Include City, State and Zip Code)

Telephone Number:_____ Work Number:_____

Place of Employment:_____

PERSON REQUESTING THE WARRANT:

Your Name:_____

Address:_____
(Include City, State and Zip Code)

Telephone Number:_____ Work Number:_____

Place of Employment:_____

WITNESSES:

Name:_____

Address:_____

Phone Number:_____

DATE OFFENSE WAS COMMITTED:_____

WRITE A <u>DETAILED</u> STATEMENT EXPLAINING WHAT HAPPENED, INCLUDING TIME, LOCATION, AND PERSONS WHO WITNESSED THE INCIDENT.

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(PLEASE ATTACH ADDITIONAL PAGES, IF NEEDED)