## IN THE DISTRICT COURT OF SEBASTIAN COUNTY, ARKANSAS FORT SMITH DIVISION CITY PROSECUTING ATTORNEY'S OFFICE AFFIDAVIT FOR WARRANT OF ARREST

Affiant's Name:	
Home Address:	
Business Address:	
Telephone:	Business Telephone:
Police/Incident Report #:	
I request that a warrant be issued for the arrest	t of:
In support of this request, I hereby solemnly sw	/ear on, 2024,
***	Affiant
	e on back************************************
Subscribed and sworn to before me this  My Commission expires:	day or, 2024.
	Notary Public
I have reviewed these facts and request that a with the offense (s) of:	warrant be issued charging:
	t Smith and the State of Arkansas in violation of: (statute or
ordinance number for offenses).	
	City Prosecuting Attorney
I have reviewed these facts and find that proba offense (s) listed above.	ble cause exists for the issuance of a warrant for the
	District Judge

What happened (continued):	
	SUBJECT INFORMATION
Name:	Alias:
	Sex: Race: Ht: Wt: Hair:
Address:	Phone:
Employer:	Address:
	<u>WITNESSES</u>
	Phone:
Address:	Employer:
Name:	Phone:
	Employer:
Name:	Phone:
	Employer:

If you are requesting restitution, please indicate the total amount requested: (Please include a copy of the estimate/medical bill/etc.)