

APPLICATION FOR RULE NISI – INDIRECT CRIMINAL CONTEMPT

THIS IS A SWORN APPLICATION. FALSE ANSWERS COULD LEAD TO ARREST AND CONVICTION FOR FALSE SWEARING [OCGA 16-10-71], A FELONY.

GOOD BEHAVIOR BOND NO.: _____

DATE AND TIME OF APPLICATION: _____ / _____ AM/PM

DATE OF INCIDENT: START DATE: _____ TIME: _____ (TO) END DATE: _____ TIME: _____

INCIDENT LOCATION: _____
(Address) (City) (State) (Zip Code)

APPLICANT/PLAINTIFF: _____
(First Name) (Middle Name) (Last Name)

ADDRESS: _____
(Address) (City) (State) (Zip Code)

MAILING ADDRESS (If different): _____

PHONE NUMBER: (HM) _____ (WK) _____ (CELL) _____

RACE: _____ SEX: _____ DOB: _____ EMPLOYER OR OCCUPATION: _____

CONTEMNOR/DEFENDANT: _____
(First Name) (Middle Name) (Last Name)

ADDRESS: _____
(Address) (City) (State) (Zip Code)

MAILING ADDRESS (If different): _____

PHONE NUMBER: (HM) _____ (WK) _____ (CELL) _____

RACE: _____ SEX: _____ AGE: _____ DOB: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

SSN: _____ SPECIFIED BODY MARKS: _____

AUTOMOBILE TYPE: _____ TAG: _____

WITNESS(ES):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

State in detail what actions you swear the Contemnor/Defendant did in order for you to seek a Rule Nisi for Indirect Criminal Contempt of your Good Behavior Bond: _____

Note: Do not sign the paperwork. You must be sworn in on the Affidavit before you can sign.

I DO SOLEMNLY SWEAR OR AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

APPLICANT / PLAINTIFF

Sworn to and subscribed to before me this _____ day of _____, 20_____.

Deputy Clerk / Magistrate