MAGISTRATE COURT OF LIBERTY COUNTY

APPLICATION FOR A GOOD BEHAVIOR BOND

INFORMATION ABOUT YOU:

NAME: _____

ADDRESS: _____

_____

City State Zip

MAILING ADDRESS: _____

_____

City State Zip

D.O.B.: _____ Race: _____ Sex: _____

HOME PHONE: _____

WORK PHONE: _____

EMPLOYER/OCCUPATION: _____

_____

_____

I AM MAKING A COMPLAINT AGAINST THIS PERSON:

NAME: _____

ADDRESS: _____

_____

City State Zip

MAILING ADDRESS: _____

_____

City State Zip

THIS PERSON LIVES IN _____ COUNTY

Employer/Occupation: _____

_____

Address: _____

_____

City State Zip

HOME PHONE: _____

WORK PHONE: _____

WORK DAYS ☐ Monday thru Friday

☐ Other _____

SSN: _____

Hair Color: _____ D.O.B.: _____

Race: _____ Sex: _____ Age: _____

Height: _____ Weight: _____

Beard: ☐ Yes ☐ No Moustache: ☐ Yes ☐ No

Scars: _____

_____

Vehicle Type: _____

Color: _____ Tag Number: _____

HOW DO YOU KNOW THIS PERSON? _____

_____

WHAT DID THIS PERSON DO? ***<u>BE SPECIFIC-USE BACK IF YOU NEED MORE ROOM</u>***

_____

_____

_____

INFORMATION ABOUT THE INCIDENT(S):

DATE(S): _____ TIME(S): _____

LOCATION(S): _____

Have you ever applied for a warrant or a Good Behavior Bond against this person? ☐ Yes ☐ No

Has this person ever taken out a warrant or a Good Behavior Bond against you? ☐ Yes ☐ No

Have you ever applied for a warrant or a Good Behavior Bond against anyone else? ☐ Yes ☐ No

Have you ever asked for a warrant or a Good Behavior Bond to be dismissed? ☐ Yes ☐ No

WITNESSES:

Name: _____ Address: _____

_____ Phone: _____

Name: _____ Address: _____

_____ Phone: _____

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 THE INFORMATION CONTAINED IN THIS APPLICATION FOR A GOOD BEHAVIOR BOND IS TRUE AND CORRECT.

_____

Your Signature Date

Sworn to (affirmed) and subscribed before me this _____ day of _____, 20 ____.

_____

Magistrate Judge / Deputy Clerk