

AFFIDAVITS MUST BE ORIGINALS AND MAY ONLY BE SUBMITTED ON FRIDAYS
BETWEEN 8:30 A.M. AND 12:00 P.M.

AFFIDAVIT AND REQUEST FORM FOR MISDEMEANOR WARRANT

INCIDENT # _____
(see police report for #)

TODAY'S DATE: _____

HAS THE SUSPECT ALREADY BEEN ARRESTED, RECEIVED A CITATION OR OTHERWISE
BEEN CHARGED FOR ANY OF THE CONDUCT FOR WHICH YOU ARE ALLEGING?

_____ YES _____ NO

IS THE SUSPECT AT LEAST EIGHTEEN YEARS OF AGE? _____ YES _____ NO

DID THIS 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: _____

Email: _____

PERSON REQUESTING THE WARRANT:

Your Name: _____

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

Telephone Number: _____ Work Number: _____

Place of Employment: _____

Email: _____

WITNESSES:

Name: _____

Address: _____

Phone Number: _____

DATE OFFENSE WAS COMMITTED: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page, possibly from a composition book. The edges of the paper are slightly irregular, suggesting it might be a scan of a physical document. There is no handwriting or other markings on the page.

(ATTACH ADDITIONAL PAGES, IF NEEDED)

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VERIFICATION

STATE OF ARKANSAS

COUNTY OF FAULKNER

**Comes the Affiant, _____, under oath and under
penalty of perjury states that the foregoing Affidavit and Request for Misdemeanor
Warrant and all documents and materials submitted in support thereof are true and
correct to the best of my knowledge and belief.**

Affiant

Subscribed and sworn before me this _____ day of _____, 20____.

(seal)

Notary Public

My commission expires:_____

CONWAY CITY ATTORNEY AFFIDAVIT PROCESS

As the Affiant requesting approval of charges in this matter, I acknowledge and agree to the following:

1. I understand that the review process may take up to sixty days.
2. I understand that the best way for me to receive updates on the case is by email.
3. I understand that the City Attorney may not be able to complete the review process if, before the Affidavit was submitted, necessary evidence was not collected or if necessary, witnesses were not interviewed.
4. I understand that in most cases the City Attorney will not approve charges unless the suspect has been given the opportunity to make a statement. I understand that the City Attorney does not interview suspects and that suspect interviews are a police function.
5. I understand that none of the information I supply with this Affidavit is confidential and that the suspect will be entitled to receive a copy of the Affidavit and all documents submitted with the Affidavit.
6. I understand that the City Attorney may decline charges for any reason.
7. I understand that if charges are approved by the City Attorney, it will be my responsibility to take the necessary paperwork to the District Court for submission to a judge.
8. I understand that whether charges are approved or not, I still have the ability and right to pursue any matter involved through the civil courts.
9. I understand that if charges are approved by the City Attorney and the Court, I will be required to appear in person at any hearing the City Attorney determines is necessary. I understand that in some circumstances the City Attorney may not be able to provide advance notice of a necessary court appearance.
10. I understand that if I want the Court to order the payment of restitution to me for damages/injuries sustained I must provide receipts and completely and accurately fill out all necessary forms including but not limited to the City Attorney Restitution Form.

Date

Affiant Printed Name

Affiant Signature

Parent or Guardian (if applicable)