



## COMPLAINT INFORMATION FORM

Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Defendant's Name: \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

Defendant's Phone # (if known): \_\_\_\_\_

Defendant's Date of Birth (if known): \_\_\_\_\_

Defendant's Driver's License # (if known): \_\_\_\_\_ State \_\_\_\_\_

If this is a motor vehicle complaint, list license plate # of other vehicle:  
\_\_\_\_\_ State \_\_\_\_\_

Description of vehicle (if known): \_\_\_\_\_

Names and addresses of witnesses (use additional paper if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Your Name (you are the complainant): \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_

### FOR COURT USE ONLY

Court Administrator/Deputy Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Corresponding complaint #'s: \_\_\_\_\_

(Every request **requires** the filing of a complaint.)

