

## **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):			
			efendant's Driver's License # (if known):State
			this is a motor vehicle complaint, list license plate # of other vehicleState
			escription of vehicle (if known):
ames and addresses of witnesses (use additional paper if necessary):			
our Name (you are the complainant):			
our Address:			
our Telephone #: E-mail:			
FOR COURT USE ONLY			
ourt Administrator/Deputy Initials: Date:			
orresponding complaint #'s:			
Every request <b>requires</b> the filing of a complaint.)			



## **CERTIFICATION IN SUPPORT OF PROBABLE CAUSE**

State of New Jersey	Court Name
County of:	Court Address
Date of Incident:	
Location of Incident:	Municipality:
I offer the following facts and informatio	n to establish probable cause in this
complaint against(Defer	ndant's Name)
whom I would like to charge with	(List Statute(s) or Ordinance(s))
How do you know the identity of the per	rson you are charging?
Describe incident in detail:	
Certification: I certify that the foregoing stater of the foregoing statements made by me are w	ments made by me are true. I am aware that if any ilfully false, I am subject to punishment.
Signature of complaining witness	Date