



COMPLAINT PREPARATION INFORMATION SHEET

(PLEASE PRINT NEATLY IN INK)

Your Name: _____
Last First

Mailing Address: _____

Telephone No: _____
City State Zip
() -

Defendant's Name: _____
Last First

Mailing Address: _____

Telephone No: _____
City State Zip
() -

Approximate Age of Defendant or Birth Date: _____ Race: _____

Drivers License No: _____ State: _____

License Plate No: _____ State: _____

Vehicle Information: _____
Make Model Year Color

Date of Offense: ____ / ____ / ____ Time: _____

Where Offense occurred: _____

What Charges do you want to file against the Defendant: _____

Explain What Happened (Use a who, what, where and when type of explanation – use additional sheets if necessary)

Your Signature

Date

FOR COURT USE ONLY

COURT ADM/DEPUTY INITIALS: _____

CORRESPONDING COMPLAINT NO(S): _____
