



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.)

