New Jersey Courts		COUNTS OF HOME								
Instructions: Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.										
Your Name (you are the complainant)										
Street Address			City		State	Zip				
Telephone Number		Emai	Email Address			1				
Defendant's Name										
Street Address			Ci	ty	State	Zip				
Telephone Number (if known)	none Number (if known) Date of Birth (if kr			Driver's License (if known)	I	State				
Is the person you are charging an elected public official or a candidate for elected public office? Yes No If yes, provide any information regarding what elected office the person is a candidate for or currently holds.										
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) Name Address										
For Court Use Only										
Court Administrator/Deputy Initials:				Date:						
Corresponding Complaint Numbers: (Every request requires the filing of a complaint.)										

New Jersey Judiciary Municipal Court of New Jersey Independence - Integrity Falmes - Quality Service									
State of New Jersey Municipal Court Na	me	(County of						
Court Address	City			Zip					
Date of Incident Location of Incident		Municipality							
I offer the following facts and information to establish probable cause in this complaint against (Defendant's name), whom I would like to charge with (list Statutes or Ordinances):									
How do you know the identity of the person you are charging?									
Describe the incident in detail:		- Long	owers that if	ony of the					
Certification : I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.									
Date	gnature of Complainin	g Witnes	35						