

COUNTY OF: \_\_\_\_\_



# PRIVATE CRIMINAL COMPLAINT

Magisterial District Number:
MDJ Name: Hon.
Address:
Telephone: (    )

## COMMONWEALTH OF PENNSYLVANIA VS.

DEFENDANT: \_\_\_\_\_  
NAME and ADDRESS

Docket No.:
Date Filed:
OTN:

\_\_\_\_\_

(Above to be completed by court personnel)

(Fill in defendant's name and address)

**Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.**

Fill in as much information as you have.

Defendant's Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Defendant's D.O.B.	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number    State    Registration Sticker (MM/YY)	Defendant's Driver's License Number State	

I, \_\_\_\_\_  
(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

- I accuse the above named defendant who lives at the address set forth above  
 I accuse the defendant whose name is unknown to me but who is described as \_\_\_\_\_  
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at \_\_\_\_\_  
(Place-Political Subdivision)

in \_\_\_\_\_ County on or about \_\_\_\_\_

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

---



---



---



# PRIVATE CRIMINAL COMPLAINT

Defendant's Name:
Docket Number:

2. **The acts committed by the accused were:**  
 (Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, **social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.**)

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of \_\_\_\_\_ and \_\_\_\_\_  
(Section) (Subsection)  
 of the \_\_\_\_\_  
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.
4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Complainant

Office of the Attorney for the Commonwealth  Approved  Disapproved because: \_\_\_\_\_

\_\_\_\_\_ (Name of Attorney for Commonwealth-Please Print or Type) \_\_\_\_\_ (Signature of Attorney for Commonwealth) \_\_\_\_\_ (Date)

AND NOW, on this date \_\_\_\_\_, I certify that the complaint has been properly completed and verified.

\_\_\_\_\_ (Magisterial District) \_\_\_\_\_ (Issuing Authority)

**SEAL**

# CRIMINAL COMPLAINT AFFIDAVIT

## AFFIANT / VICTIM

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_  
          WORK \_\_\_\_\_  
AGE: \_\_\_\_\_

## DEFENDANT

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_  
          WORK \_\_\_\_\_  
AGE: \_\_\_\_\_

## AFFIANT (IF DIFFERENT FROM VICTIM)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
PHONE: HOME \_\_\_\_\_  
          WORK \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

DATE OF FILING: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

## **WITNESS**

NAME: _____	NAME: _____	NAME: _____
ADD: _____	ADD: _____	ADD: _____
PHONE: _____	PHONE: _____	PHONE: _____

**NOTE:** IF YOU DO NOT HAVE A PHONE PUT IN A NUMBER WHERE YOU CAN BE CONTACTED. EITHER A WORK NUMBER, A FRIEND OR FAMILY MEMBER.

WERE THE POLICE CALLED AS A RESULT OF THIS INCIDENT? \_\_\_\_\_

DID THE POLICE FILE CHARGES AS A RESULT OF THIS INCIDENT? \_\_\_\_\_

DID THE POLICE SUPPLY YOU WITH A REPORT NUMBER? \_\_\_\_\_

OFFENSE TO BE CHARGED: \_\_\_\_\_

**YOUR VERSION OF FACTS:** Be specific. Include in detail what led up to the incident and what actually happened. Also, why you believe the defendant is the person responsible. Include your relationship with the defendant and any previous contact you may have had. **PLEASE ATTACH ALL NECESSARY DOCUMENTATION INCLUDING BUT NOT LIMITED TO COPIES OF NOTICES SENT TO DEFENDANT, CERTIFIED RECEIPTS, CANCELED CHECKS AND FINGERPRINT CARDS. Write legibly. If your complaint cannot be easily understood it will be returned.**

**YOU MUST BE AS SPECIFIC AS POSSIBLE - IT IS IMPORTANT THAT YOU EXPLAIN HOW YOU KNOW THE DEFENDANT IS THE PERSON WHO COMMITTED THIS CRIME, AND HOW IT CAN BE PROVEN IN COURT. A SEPARATE COMPLAINT MUST BE FILED FOR EACH DEFENDANT.**

( OVER )

Lined area for text entry.

I \_\_\_\_\_ being duly sworn according to law, depose and say  
(print your name)

the facts set forth in the foregoing affidavit are true and correct to the best of my knowledge, information and belief. I further certify that these criminal proceedings are not being brought for purposes of collecting civil debt.

**CAUTION: SECTION 4904 OF THE PENNSYLVANIA CRIMES CODE MAKES IT A CRIME PUNISHABLE BY UP TO TWO (2) YEARS IN PRISON TO MAKE UNSWORN FALSE STATEMENTS TO AUTHORITIES. SECTION 4903 MAKES IT A CRIME TO FALSELY SWEAR IN OFFICIAL MATTERS.**

\_\_\_\_\_  
(your signature)

Sworn to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, A.D. 20 \_\_\_\_\_

\_\_\_\_\_