



New Jersey Judiciary
Municipal Court of New Jersey
Complaint Information Form



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
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Telephone Number ext.	Email Address
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Defendant's Name

Street Address	City	State	Zip
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Telephone Number (if known) ext.	Date of Birth (if known)	Driver's License (if known)	State
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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)
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Names and addresses of witnesses (use additional paper if necessary)

Name	Address
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For Court Use Only

Court Administrator/Deputy Initials: _____ Date: _____

Corresponding Complaint Numbers: _____

(Every request **requires** the filing of a complaint.)



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Certification in Support of Probable Cause

State of New Jersey		Municipal Court Name		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:					
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 _____			Signature of Complaining Witness _____		
			Print Name		