

COUNTY OF _____



PRIVATE CRIMINAL COMPLAINT

COMMONWEALTH OF PENNSYLVANIA
VS.

Magisterial District Number: _____

MDJ Name: Hon. _____

Address: _____

Telephone: _____

DEFENDANT: NAME and ADDRESS

Docket No: _____

Date Filed: _____

OTN: _____

(Fill in defendant's name and address)

(Above to be completed by court personnel)

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		Defendant's Sex	Defendant's D.O.B.	Defendant's A.K.A. (also known as)
White	Black	Female		
Asian	Native American	Male	Defendant's Vehicle Information	
Hispanic	Unknown		Plate Number	State
				Registration Sticker (MM/YY)

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)



Defendant's Name:
Docket Number:



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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.)

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.
5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

_____ 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

