



**PRIVATE  
 CRIMINAL COMPLAINT  
 私下  
 刑事诉状**

**COMMONWEALTH OF PENNSYLVANIA  
 PENNSYLVANIA 联邦  
 VS.  
 诉**

Magisterial District Number:  
 权威地方法院案号:  
 MDJ Name:  
 MDJ 姓名:  
 Address:  
 地址:  
 Telephone:  
 电话:

Docket No:  
 案卷号:  
 Date Filed:  
 提交日期:  
 OTN:  
 OTN:

(Above to be completed by court personnel)  
 (以上由法院工作人员填写)

DEFENDANT:  
 被告:

NAME and ADDRESS  
 姓名和地址

(Fill in defendant's name and address)  
 (填写被告姓名和地址)

**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.**

**通知: 依据 Pa.R.Crim.P.506 规定, 您的诉状可能需要联邦检察官的批准方可得到权威地方法院受理。如果联邦检察官不批准您的诉状, 您可向普通上诉法院请求重审联邦检察官的决定。**

Fill in as much information as you have.  
 请尽可能详实地填写您掌握的信息。

Defendant's Race/Ethnicity 被告种族/民族	Defendant's Sex 被告性别	Defendant's D.O.B. 被告出生日期	Defendant's A.K.A. (also known as) 被告别名(又名)
<input type="checkbox"/> White 白人 <input type="checkbox"/> Black 黑人 <input type="checkbox"/> Asian 亚裔 <input type="checkbox"/> Native American 美洲原住民 <input type="checkbox"/> Hispanic 西班牙语裔 <input type="checkbox"/> Unknown 未知	<input type="checkbox"/> Female 女性 <input type="checkbox"/> Male 男性		
<b>Defendant's Vehicle Information</b> 被告车辆信息 Plate Number 车牌号      State 州      Registration Sticker (MM/YY) 注册贴纸(月份/年份)			
(Empty space for vehicle information)			

I,	本人,
(Name of Complainant-Please Print or Type)	(原告姓名, 请工整填写或键入)
do hereby state: (check appropriate box)	特此陈述如下: (勾选合适的选框)
1. <input type="checkbox"/> I accuse the above named defendant who lives at the address set forth above	1. <input type="checkbox"/> 本人指控于上述地址居住的上述被告
<input type="checkbox"/> I accuse the defendant whose name is unknown to me but who is described as	<input type="checkbox"/> 本人指控姓名未知的被告, 但据说其人
<input type="checkbox"/> I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe.	<input type="checkbox"/> 本人指控姓名和常用名或昵称未知因而本人将其称为 John Doe 的被告
with violating the penal laws of the Commonwealth of	以上被告于以下地点违反了



Defendant's Name:  
被告姓名:

Docket Number:  
案卷号:



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Pennsylvania at	Pennsylvania 联邦刑法
in County on or about	该地点属于 县, 违法事件发生时间
Participants were: (if there were participants, place their names here, repeating the name of the above defendant)	参与者为: (如有参与者, 此处填入姓名, 即重复填写上文被告姓名)

<p><b>2. The acts committed by the accused were:</b></p> <p>(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.)</p>	<p><b>2. 被告所犯行为有:</b></p> <p>(列出足以向被告说明所指控罪行性质的事实摘要。如仅引用据称违反法令而无更多细节, 则效用不足。在简易案件中, 您必须引用据称违反法令或条例的具体章节和小节。)</p>
<p>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 (Section) and (Subsection) of the (PA Statute)</p>	<p>被告行为均有悖于 Pennsylvania 联邦的和平与尊严, 违反了《议会法案》, 或违反了 (章节) 以及 (小节) of the (PA 法令)</p>
<p>3. I ask that process be issued and that the defendant be required to answer the charges I have made.</p>	<p>3. 本人要求启动程序, 并要求被告对本人所提出的指控做出答复。</p>
<p>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.</p>	<p>4. 本人证实, 据本人所知或所知所信, 本诉状所述事实均属真实及正确。此等证明在本人依据《犯罪法》第 4904 节 (18 Pa.C.S. § 4904) 对权威部门提供未经宣誓的伪证相关规定承担惩罚。</p>
<p>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.</p>	<p>5. 本人证明, 此次提交遵守《Pennsylvania 统一司法系统案件记录公开访问政策》的规定, 该项政策要求机密信息和文件的提交方式与非机密信息和文件的提交方式不同。</p>

Date 日期 \_\_\_\_\_ Signature of Complainant 原告签名 \_\_\_\_\_

Office of the Attorney for the Commonwealth 联邦检察官办公室  Approved 批准  Disapproved because 未批准 原因 \_\_\_\_\_

(Name of Attorney for Commonwealth-Please Print or Type) (Signature of Attorney for Commonwealth) (Date)  
(联邦检察官姓名, 请工整填写或键入) (联邦检查官签名) (日期)

AND NOW, on this date \_\_\_\_\_, I certify that the complaint has been properly completed and verified.  
此外, 本人于以下日期证明 \_\_\_\_\_, 此诉状已妥善填写并核实。

**SEAL  
印章**

(Magisterial District) (Issuing Authority)  
(权威地方法院) (签发机关)

