## COMMONWEALTH OF PENNSYLVANIA PRIVATE CRIMINAL COMPLAINT COUNTY OF: Magisterial District Number: MDJ Name: Hon. **COMMONWEALTH OF PENNSYLVANIA** VS. Address: **DEFENDANT:** NAME and ADDRESS Telephone: ( 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 Defendant's Sex Defendant's D O B Defendant's SID (State Identification Number) ☐ Black ☐ Native American ☐ Female ☐ Male ☐ Asian ☐ Hispanic ☐ Unknown Defendant's A.K.A. (also known as) Defendant's Vehicle Information Defendant's Driver's License Number Plate Number Registration Sticker (MM/YY) (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 1. 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

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

(Place-Political Subdivision)

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with violating the penal laws of the Commonwealth of Pennsylvania at

in

County on or about

Defendant's Name:	
Docket Number:	



## PRIVATE CRIMINAL COMPLAINT

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(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 Assembly, or in violation of	and dignit	ty of the Commor and	wealth of Penns	sylvania and contr	ary to the Act of
	of the		(Subse	ection)		
3.	(PA Statute)  I ask that process be issued and that	at the defe	ndant be required	I to answer the o	charges I have ma	de.
4.	I verify that the facts set forth in this belief. This verification is made sub relating to unsworn falsification to a	ject to the				
	Date		S	ignature of Complainar	nt	<del></del>
Office o	f the Attorney for the Commonwealth $\Box$	Approved	☐ Disapproved	because:		
(Name of A	ttorney for Commonwealth-Please Print or Type)	(Signature of	Attorney for Commonwealth	)	(Date)	
AND N	OW, on this date	, I certif	fy that the compla	int has been pro	operly completed a	and verified.
	(Magisterial District)	- –		(Issuing Authority)		SEAL

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