



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 |
|----------------|------|-------|-----|

|                  |               |
|------------------|---------------|
| Telephone Number | Email Address |
|------------------|---------------|

Defendant's Name

|                |      |       |     |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

|                             |                          |                             |       |
|-----------------------------|--------------------------|-----------------------------|-------|
| Telephone Number (if known) | Date of Birth (if known) | Driver's License (if known) | State |
|-----------------------------|--------------------------|-----------------------------|-------|

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) |
|----------------------------------|-------|-----------------------------------|

Names and addresses of witnesses (use additional paper if necessary)

| Name  | Address |
|-------|---------|
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |
| _____ | _____   |

**For Court Use Only**

Court Administrator/Deputy Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Corresponding Complaint Numbers: \_\_\_\_\_

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



New Jersey Judiciary  
Municipal Court of New Jersey



**Certification in Support of Probable Cause**

|                            |                      |                      |           |
|----------------------------|----------------------|----------------------|-----------|
| <b>State of New Jersey</b> |                      | 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