



New Jersey Judiciary
Municipal Court of New Jersey



**Confidential Domestic Violence Complaint Information Form
(Not to be Disclosed)**

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) | What is your relationship to the defendant? |
|-----------------------------|--------------------------|---|

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

| | |
|-----------------------------|------------------------------|
| When did the offense occur? | Where did the offense occur? |
|-----------------------------|------------------------------|

Is there a domestic violence restraining order in effect? Yes No

In which county was the restraining order obtained? _____ What is the effective date of the restraining order? _____

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.)



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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