



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.)



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**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