



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
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Telephone Number	Email Address
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Defendant's Name

Street Address	City	State	Zip
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Telephone Number (if known)	Date of Birth (if known)	Driver's License (if known)	State
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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