

REQUEST TO FILE CHARGES

I request that charges be filed as set out on this form. I understand that if charges are filed, I agree to be present and prosecute these charges until final determination. I further understand that the Court may not allow me to dismiss these charges, if I should change my mind at a later time.

NAME: _____

ADDRESS: _____

CITY\STATE\SIP: _____

PLACE OF EMPLOYMENT: _____

HOME TELEPHONE #: _____ WORK TELEPHONE#: _____

DEFENDANT'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

EMPLOYMENT INFORMATION: _____

What charges do you desire to file? _____

Please state what happened. State specifically what occurred, the date, time of day and names of all witness. You must also include the location (address) of the offense.

DATE: _____

TIME: _____

LOCATION: _____

GIVE FULL PARTICULARS ON ALL WITNESSES:

WITNESS #1:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PLACE OF EMPLOYMENT: _____

Is this witness willing to appear voluntarily or must a subpoena be issued? (YES) (NO)
(If your answer is no, state where and when a subpoena can be served.)

What will this witness testify to? (State specifically Only what this witness said and observed, not what he/she was told. Also, state date and time witness made this observation.)

WITNESS #2:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PLACE OF EMPLOYMENT: _____

Is this witness willing to appear voluntarily or must a subpoena be issued? (YES) (NO)
(If your answer is no, state where and when a subpoena can be served.)

What will this witness testify to? (State specifically ONLY what this witness said and observed, not what he/she was told. Also, state date and time witness made this observation.)

If there are additional witnesses or if you need additional space, please use the back of this form.

SIGNATURE OF COMPLAINING WITNESS

DATE OF REQUEST

