

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CAMBRIA



PRIVATE CRIMINAL COMPLAINT

Mag. Dist. No: _____
MDJ Name: _____
Address: _____
Telephone: _____

COMMONWEALTH OF PENNSYLVANIA

DEFENDANT: _____ v. NAME and ADDRESS _____

Docket No: _____
Case Filed: _____
OTN: _____

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the Magisterial District Court. If the attorney for the Commonwealth disapproves your complaint, you may petition the Court of Common Pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity	Defendant's Sex	Defendant's D.O.B	Defendant's A.K.A (also known as)
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Defendant's Vehicle Information Plate Number State Registration Sticker (MM/YY)			

I, _____
(Name of Complainant - Please Print or Type)

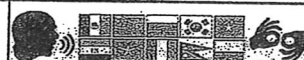
do hereby state: (check the appropriate box)

1. ☐ I accuse the above named defendant who lives at the address set forth above
☐ I accuse the defendant whose name is unknown to me but who is described as _____
☐ I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at _____
(Place-Political Subdivision)

in _____ County on or about _____

Participants were: (if there were participants, place their names here, repeating the name of the defendant)





Defendant's Name _____

Docket Number: _____

The amount of the check: _____

Name of drawee (bank): _____

Issue Date of Check: _____

Check Number: _____

Date of 10 day notice of refusal: _____

Check made payable to: _____

all of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act
 of Assembly, or in violation of 4105 a1 (Subsection)
 of the Pennsylvania Crimes Code (PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.
4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

(Signature of Complainant)Office of the Attorney for the Commonwealth ☐ Approved ☐ Disapproved because: __________
(Name of Attorney for Commonwealth - Please Print or Type)_____
(Signature of Attorney for Commonwealth)_____
(Date)

AND NOW, on this date _____, I certify that the complaint has been
 properly completed and verified.

(Magisterial District)_____
(Issuing Authority)SEAL
1/5/10

BAD CHECK FORM

Defendant:

Victim:

Name

Address

Phone Number

CHECK INFORMATION

Amount:

Bank:

Date Issued:

Check Number:

Certified Mail:

Process Date:

Reason:

No Account

Closed

Insufficient

Other

A.R.D. Approval:

NOTES:

**CONFIDENTIAL INFORMATION
FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania
204 Pa. Code § 213.81
www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket Case No.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____

Pursuant to the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and full name of _____ (full name of minor) and date of birth: _____	Social Security Number(SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issurance: _____ State Identification Number(SID): _____	Alternative Reference: SSN 1 Alternative Reference: FAN 1 Alternative Reference: DLN 1 Alternative Reference: SID 1
_____ (full name of adult) OR This information pertains to a minor with the initials of _____ and full name of _____ (full name of minor) and date of birth: _____	Social Security Number(SSN): _____ Financial Account Number (FAN): _____ Driver License Number (DLN): _____ State of Issurance: _____ State Identification Number(SID): _____	Alternative Reference: SSN 1 Alternative Reference: FAN 1 Alternative Reference: DLN 1 Alternative Reference: SID 1

THIS FORM IS CONFIDENTIAL



PRIVATE COMPLAINT FORM

DATE: _____

YOUR NAME

ADDRESS

PHONE _____

DEFENDANT'S NAME

ADDRESS

PHONE _____

Please print your version of the incident(s). Include dates, times and location of each incident to the best of your ability.

Blank lined paper with 20 horizontal lines.

PRIVATE COMPLAINT FORM

QUESTIONNAIRE AND VERIFICATION OF COMPLAINT

1. Was incident(s) reported to your local police department? ___Yes ___No

1A. Which police department? _____

1B. Date reported? _____

1C. Action taken by police?

2. Were you injured? If no, continue to question #3

2A. Did you seek medical treatment? _____

2B. Where? _____

2C. Extent of Injury? _____

3. Did you incur any property damage? ___Yes ___No ___

3A. What was damaged? _____

3B. Estimate of Damage? _____

Copy of estimate of repair or replacement will be needed for court

4. Were there any witnesses to the incident that are willing to testify in court?

Name

Age

Address

PRIVATE COMPLAINT FORM

VERIFICATION SECTION

I understand that by signing below, I verify that the facts set forth in this document are true and correct to the best of my knowledge. This verification is made subject to the penalties of section 4904 of the Crimes Code of Pennsylvania (18 P.S. 4904 a1) relating to Unsworn Falsification to Authorities.

Signature

Date

Print Name