

COUNTY OF



PRIVATE CRIMINAL COMPLAINT

COMMONWEALTH OF PENNSYLVANIA VS.

Magisterial District Number:
MDJ Name: Hon.
Address:
Telephone:

DEFENDANT: NAME and ADDRESS

Docket No:
Date Filed:
OTN:

(Fill in defendant's name and address)

(Above to be completed by court personnel)

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.

Table with 4 columns: Defendant's Race/Ethnicity, Defendant's Sex, Defendant's D.O.B., Defendant's A.K.A. (also known as). Includes checkboxes for race and sex, and a section for vehicle information (Plate Number, State, Registration Sticker).

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

do hereby state: (check 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 above defendant)



Defendant's Name:  
Docket Number:



# PRIVATE CRIMINAL COMPLAINT

2. The acts committed by the accused were:  
(Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated.)

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 \_\_\_\_\_ and \_\_\_\_\_  
(Section) (Subsection)

of the \_\_\_\_\_  
(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.
5. I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* that require filing confidential information and documents differently than non-confidential information and documents.

\_\_\_\_\_ Date \_\_\_\_\_ 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**

