

New Jersey Judiciary Municipal Court of New Jersey



Certification in Support of Probable Cause

Fairness · Quality Service	Octanioation in Ouppo		<u> </u>	Catabrehed 1015					
State of New Je	ersey Municipal Court Nar	ne	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 inc	ident 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		nature of Complaining nt Name	g Witness						



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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 Ext.		mail Address							
Defendant's Name				 					
Street Address			City		Zip				
Telephone Number (if known) ext.	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.)									