

GARLAND MUNICIPAL COURT OF RECORD

COMPLAINT AFFIDAVIT

Please Type or Print Clearly

Your Name: _____ Your telephone number: _____

Your Mailing Address: _____
Number & Street Apt. # City State Zip**I am requesting that a criminal charge be filed against:**

Defendant's Name: _____ Telephone number: _____

Address: _____
Number & Street Apt. # City State ZipDate of Birth: _____ Race: _____ Sex: _____ Driver's License/ID #: _____
Month Day Year Number State*NOTE: Failure to include this information may prevent the complaint from being accepted.***I believe the Defendant committed the following criminal offense:**

Brief Description of Offense: _____

Date of Offense: _____ Time of Offense: _____ AM / PM
Month Day Year (Circle One)Location of Offense: _____
Number & Street Apt. # City State Zip**I believe this because:***Please give a complete description of the circumstances of the offense: who was involved, what led up to it, how it happened, and the results of the conduct (injuries or property damage, if any). Include any details you believe may be important. Continue on the reverse if necessary.***Others who may have witnessed this offense are:***Please provide information on anyone else who was present or who may have knowledge of relevant facts, whether or not you think they support your version of the events. Continue on the reverse if necessary.*

1.	Name	Address	City, State	Phone Number
2.	Name	Address	City, State	Phone Number
3.	Name	Address	City, State	Phone Number

Under penalty of perjury, I swear or affirm that the information provided on this form is within my own personal knowledge and is true and correct, and I request that the charge listed above be filed against the named defendant. I understand that this complaint is only a request and that criminal charges may not result. If the complaint is accepted, I agree to appear and testify in court proceedings as necessary.**I understand that this complaint form is available to the public for inspection, copying or both upon request.**

(Date & Time Stamp)

Complainant: _____
Signature Date

Subscribed and sworn to before me on this the ____ day of _____, 20__.

Deputy Clerk of the Municipal Court of Record, Garland, Dallas County, Texas

FOR PROSECUTOR USE ONLY – DO NOT WRITE IN THIS AREA

Offense: _____	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> REFUSED
_____ FMFR	_____ DOC	_____ Insuff. Identifiers
Other: _____	_____ SA/ABT	_____ Insuff. Information
	_____ Theft	_____ C't Request
	_____ SA/ABC	_____ Insuff. Evidence
		_____ Pros. Discr'n
		_____ Other