

FROM: WHITESBORO MUNICIPAL COURT

TO: CITIZEN COMPLAINANTS WISHING TO FILE A
COMPLAINT AGAINST ANOTHER CITIZEN

THESE SPECIFIC REQUIREMENTS AND POINTS SHOULD BE UNDERSTOOD
BY THE COMPLAINANT.

1. The citizen complainant must be sworn and sign the complaint
2. The citizen complainant must provide the required information on the application for the complaint. (IT IS NOT THE RESPONSIBILITY OF THE COURT OR POLICE DEPARTMENT TO PROVIDE THE INFORMATION FOR A CITIZEN'S COMPLAINT.)
3. The citizen complainant must appear in Court to testify against the defendant if the charges are contested (not guilty plea).
4. If the defendant is found guilty, the maximum sentence that may be assessed in Municipal Court is a fine of up to \$2000.(depending on the charge). The defendant may appeal the case to a higher court.
5. Once a complaint is filed, only the Municipal Court Judge, upon recommendation of the prosecutor, has the authority to dismiss a complaint.

Name

Date

**NOTE: IF THE DEFENDANT PLEAS NOT GUILTY ALL COMPLAINTS WILL BE FORWARDED TO THE CITY PROSECUTOR FOR REVIEW BEFORE ANY NOTICE OF COURT TRIAL DATES WILL BE ISSUED.
ONLY THE STATE(CITY) CAN PROSECUTE A CRIMINAL CASE IN COURT.
YOUR COMPLAINT WILL BE REVIEWED BY THE CITY PROSECUTOR
AND IF HE CAN NOT PROSECUTE THE CASE, YOU WILL BE CONTACTED BY THE COURT CLERK OR PROSECUTOR AND PROVIDED THE REASON THE COMPLAINT CAN NOT BE PROSECUTED.**

APPLICATION FOR COMPLAINT

Date: _____

Your Name: _____

Address: _____

Phone (Home): _____ (Business/Cell) _____

I have contacted the appropriate city department (police, animal control, code enforcement, etc) concerning the issues of this complaint and do not believe they have responded to my complaint:

a) Department Contacted: _____

Date/Dates Contacted: _____

b) Person Spoke to: _____

c) Action/Advice taken/given by city: _____

NAME OF DEFENDANT: _____

Address (Home): _____

City, State, Zip: _____

Phone (Home): _____ Business: _____

DESCRIPTION OF DEFENDANT:

Race: _____ Sex: _____ Date of Birth _____ Age _____

VEHICLE INFORMATION (IF APPLICABLE):

Color: _____ Year: _____ Model: _____

Make: _____ Body Style: _____ License Plate #: _____

St. of Reg. _____ Special Features: _____

Date of Offense: _____

Time of Offense: _____

Location of Offense: _____

Type of Premises: _____

Please describe any and all contact you have had with the defendant and date of contacts:

WHAT IS YOUR COMPLAINT? (Describe with as much detail as possible)
(you may use back if more space is needed)

List Witness:

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ Business: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ Business: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone (Home): _____ Business: _____

If you need to list more witnesses please use another sheet and paper and attach.

COURT USE ONE:

Reviewed by: _____

Recommendation: _____