

# Private Complaint Approval Form

Lycoming County District Attorney

**WARNING: Any false statement(s) written on this form or any attached material is subject to prosecution under**

**Pennsylvania Criminal Code 18 Pa.C.S.A. § 4904**

PLEASE PRINT

## Crime Victim Information

Last Name	First Name	M.I.	Telephone # Home: _____ Cell: _____ Email: _____
Address:			



**HAVE YOU REPORTED CRIME(S) TO LOCAL POLICE?**

***If you answer NO, please call your local police department before proceeding any further with this complaint.***

Name of Police Department and Police Officer:	Have you consulted an attorney?
Date Police were notified:	Name of Attorney: Telephone #:
Charges Approved or Denied by Police? Reason(s) Given:	Police Report #:
Did you receive any medical attention?  Where: Date of treatment: Name of doctor: Indicate nature of injuries sustained:	
<b>Do you have any pending criminal charges of your own?</b> If yes, please state nature of charges: _____	

**CRIME #1**

Date Crime Committed:	Time Crime Committed:	Location Crime Committed:	Suspect Name:

**Suspect Information**

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Media Accounts: \_\_\_\_\_

\_\_\_\_\_

**CRIME #2**

Date Crime Committed:	Time Crime Committed:	Location Crime Committed:	Suspect Name:

**Suspect Information**

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Media Accounts: \_\_\_\_\_

\_\_\_\_\_

**CRIME #3**

Date Crime Committed:	Time Crime Committed:	Location Crime Committed:	Suspect Name:

**Suspect Information**

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

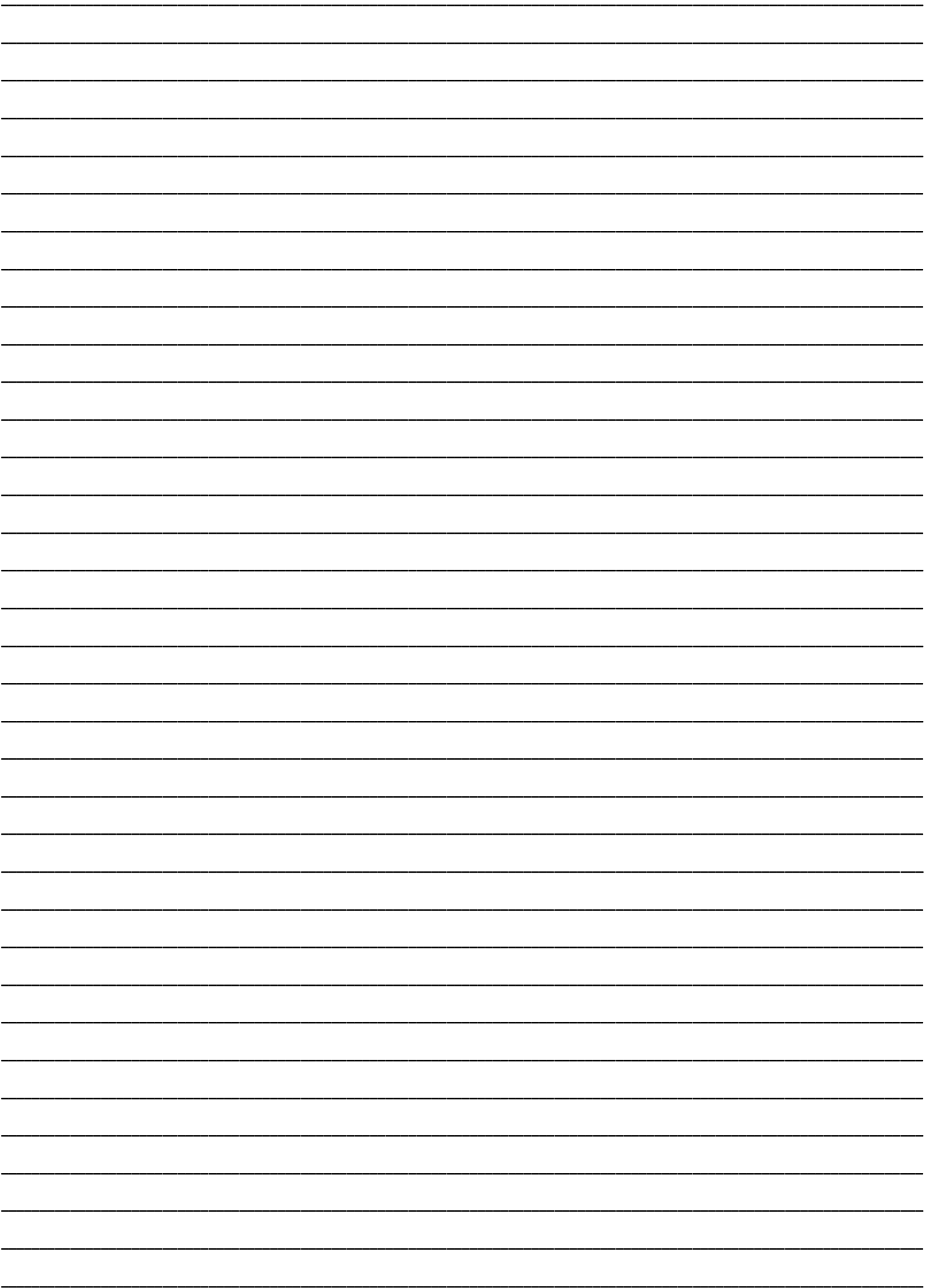
Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Media Accounts: \_\_\_\_\_

\_\_\_\_\_





Please provide a list of evidence that you believe would be useful in the prosecution of this offense:

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Do you have copies of any documents that in any way corroborate your complaint?

*(If yes, please provide copies)*

Has the suspect sent you any letters or electronic communications?

*(If yes, please provide copies of all communications)*

Do you have any potential witnesses?

*(If yes, please provide their information below as well as their written statement)*

**Witness Information**

Name: Address:	DOB:	Telephone #: _____ Email Address: _____
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Name: Address:	DOB:	Telephone #: _____ Email Address: _____
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Name: Address:	DOB:	Telephone #: _____ Email Address: _____
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- I ask that process be issued and that the defendant be required to answer the charges I have made.
- 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 the authorities.
- 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.

Sworn to and subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Notary Public)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Crime Victim)

Office of the Attorney for the Commonwealth:

If disapproved, please state why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Name of Attorney for Commonwealth - Please print or type)

\_\_\_\_\_  
(Signature for 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

If your complaint is approved, your complaint will be transmitted to the appropriate Magisterial District Judge for filing and service on the accused. *The approval of filing of criminal charges is not a guarantee of a conviction for all crimes charged.* The District Attorney's Office will resolve any criminal cases according to the discretion of its attorneys after consultation with victims of crime.

If your complaint is disapproved, you may petition the Court of Common Pleas for review of the District Attorney's decision *within 30 days* of the disapproval.

