

New Jersey Judiciary Municipal Court of New Jersey



Certification in Support of Probable Cause

Fairness - Quality Service									
State of New Je	ersey Municipal Court Nam	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 inci	dent 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	Sig	nature of Complainin	g Witness						



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Complaint Information Form

Fairness • Quality Service	<u>-</u>								
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			Email Address						
Defendant's Name									
Street Address			City	State	Zip				
Telephone Number (if known)	Date of Birth (if	known	n) Driver's License (if known)		State				
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/Depu	ty Initials:		Date:						
Corresponding Complaint #'s									
(Every request requires the filing of a complaint.)									