



New Jersey Judiciary  
Municipal Court of New Jersey



**Certification in Support of Probable Cause**

<b>State of New Jersey</b>		Municipal Court Name	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 incident 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

\_\_\_\_\_  
Signature of Complaining Witness



New Jersey Judiciary  
Municipal Court of New Jersey  
**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
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Telephone Number	Email Address
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Defendant's Name

Street Address	City	State	Zip
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Telephone Number (if known)	Date of Birth (if known)	Driver's License (if known)	State
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If this is a motor vehicle complaint list:

License Plate # of Other Vehicle	State	Description of vehicle (if known)
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Names and addresses of witnesses (use additional paper if necessary)

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

**FOR COURT USE ONLY**

Court Administrator/Deputy Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Corresponding Complaint #'s \_\_\_\_\_

(Every request **requires** the filing of a complaint.)



New Jersey Judiciary  
Municipal Court of New Jersey



**Confidential Domestic Violence Complaint Information Form  
(Not to be Disclosed)**

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
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Telephone Number	Email Address
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Defendant's Name

Street Address	City	State	Zip
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Telephone Number (if known)	Date of Birth (if known)
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What is your relationship to the defendant?

When did the offense occur?	Where did the offense occur?
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Is there a domestic violence restraining order in effect?  Yes  No

In which county was the restraining order obtained?

What is the effective date of the restraining order?

Names and addresses of witnesses (use additional paper if necessary)

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

**FOR COURT USE ONLY**

Court Administrator/Deputy Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Corresponding Complaint #'s \_\_\_\_\_

(Every request **requires** the filing of a complaint.)