

Private Criminal Complaint

This form is to be used by private citizens when requesting criminal charges be filed against a defendant. Please note that Rule 506 of the Pennsylvania Rules of Criminal Procedure requires that when a private citizen completes this form, it must be submitted to the attorney for the Commonwealth's office for approval before it can be filed in a Pennsylvania magisterial district court. It may be filed ONLY in a Pennsylvania magisterial district court, and NOT in the Philadelphia Municipal Court or Pittsburgh Magistrates Court. No changes may be made to this form, either in content or format, without the express written approval of the Administrative Office of Pennsylvania Courts. Effective date for use of this form is July 1, 1996.

COUNTY OF: _____



**PRIVATE
CRIMINAL COMPLAINT**

Magisterial District Number:
MDJ Name: Hon.
Address:
Telephone: ()

**COMMONWEALTH OF PENNSYLVANIA
VS.**

DEFENDANT: _____
NAME and ADDRESS

Docket No.:
Date Filed:
OTN:

(Above to be completed by court personnel)

(Fill in defendant's name and address)

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Defendant's D.O.B.	Defendant's Social Security Number	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number State Registration Sticker (MM/YY)		Defendant's Driver's License Number State	

I, _____
(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

- I accuse the above named defendant who lives at the address set forth above
 I accuse the defendant whose name is unknown to me but who is described as _____
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at _____
(Place-Political Subdivision)

in _____ County on or about _____

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

Defendant's Name:
Docket Number:



**PRIVATE
CRIMINAL COMPLAINT**

2. **The acts committed by the accused were:**
 (Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated.)

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of _____ and _____
(Section) (Subsection)
 of the _____
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.
4. 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 authorities.

Date Signature of Complainant

Office of the Attorney for the Commonwealth Approved Disapproved because: _____

(Name of Attorney for Commonwealth-Please Print or Type) (Signature of 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

COUNTY OF: _____



PRIVATE CRIMINAL COMPLAINT

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MDJ Name: Hon.
Address:
Telephone: ()

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