



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
Telephone Number	Email Address			

Defendant's Name

Street Address		City	State	Zip
Telephone Number (if known)	Date of Birth (if known)	Driver's License (if known)	State	

Is the person you are charging an elected public official or a candidate for elected public office? Yes No
If yes, provide any information regarding what elected office the person is a candidate for or currently holds.

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 Numbers: _____

(Every request requires the filing of a complaint.)