

COMPLAINT INFORMATION FORM

Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Defendant's Name:
Defendant's Address:
Defendant's Phone # (if known):
Defendant's Date of Birth (if known):
Defendant's 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):
Your Name (you are the complainant):
Your Address:
Your Telephone #: E-mail:
FOR COURT HOT ONLY
FOR COURT USE ONLY
Court Administrator/Deputy Initials: Date:
Corresponding complaint #'s:
Every request requires the filing of a complaint.)

November 2010



CERTIFICATION IN SUPPORT OF PROBABLE CAUSE

State of New Jersey Pemberton Twp. Municipal Court 500 Pemberton Browns Mills Rd County of: BURLINGTON Pemberton, NJ 08068 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 Statute(s) or Ordinance(s)) How do you know the identity of the person you are charging? Describe 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 wilfully false, I am subject to punishment.

Signature of complaining witness

Date