PRIVATE COMPLAINT APPROVAL FORM LYCOMING COUNTY DISTRICT ATTORNEY'S OFFICE

WARNING: Any false statement(s) written on this form or any attached material is subject to prosecution under Pennsylvania Criminal Code 18 Pa.CSA §4904

PLEASE PRINT

Complainant:	(Last Name)	(First Name)	(M.I.)	Telephone Home	
				Work	
Address:	(No. & Street)	(City)		(State)	(Zip)

Date Crime Committed:	Time Crime Committed:	Location Crime Committed:
Date Crime Committed:	Time etime committee.	Location ernne committed.
Suspect/Defendant #1:		
Name:		
Address:		
1 1000 0000		
Telephone:		
relephone.		
Suspect/Defendant #2:		
Name:		
Address:		
Telephone:		
· · r		

HAVE YOU REPORTED CRIME TO LOCAL POLICE: [] Yes [] No	HAVE YOU CONSULTED AN ATTORNEY: [] YES [] NO			
NAME OF DEPARTMENT AND POLICE OFFICER:	NAME OF ATTORNEY: TELEPHONE:			
DATE POLICE NOTIFIED:				
POLICE REPORT NO. :				
DID YOU RECEIVE ANY MEDICAL ATTENTION: [] Yes [] No WHERE:				
DATE OF TREATMENT: NAME OF DOCTOR:				
INDICATE NATURE OF INJURIES SUSTAINED:				

SUMMARY OF CRIME (State basic facts and description of events):		

WITNESS(S) TO CRIME:

(1.) (Name) (Address)	Age Tel.	No.
(2.) (Name) (Address)	Age Tel.	No.
(3.) (Name) (Address)	Age Tel.	No
SIGNATURE OF COMPLAINANT	DATE	

Sworn to and subscribed before me

this _____ day of _____, 20____.

Notary Public