

**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:
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<u>Suspect/Defendant #1:</u> Name: Address: Telephone:

<u>Suspect/Defendant #2:</u> Name: Address: Telephone:

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