

OFFICE OF THE DISTRICT ATTORNEY OF
SUSQUEHANNA COUNTY
PRIVATE COMPLAINT QUESTIONNAIRE

This questionnaire must be completed by the complaining party before the District Attorney's office will consider approval or disapproval of the charges. This questionnaire should accompany the original complaint form when it is submitted to the District Attorney's Office and must be signed under oath or acknowledged by a notary public.

State your full name, residence, and phone number (business and home):

State defendant's name, age, residence, and phone (business and home):

Date, Time, and exact location of incident giving rise to criminal complaint: _____

Were police contacted? _____ What police? _____

Name of Officer (if known) _____

What action was taken by police? _____

Witnesses: List name, address, phone number of other witnesses to the incident? _____

Summarize in your own words the details of the incident of which you complain. Use additional pages if necessary. _____

If you were injured as a result of this incident, give details of injuries and treatment (hospital, doctor, etc.) _____

If the complaint alleges theft of property, detail the property stolen and give your estimated value of each item. _____

If you have consulted a private attorney in this matter, give name and address of your attorney.

Has any settlement of this prosecution been attempted? _____ Are you willing to consider settlement as an alternative to criminal proceedings?

YES _____ NO _____

Is the defendant named in your complaint related to you by blood or marriage? YES _____ NO _____ If yes, what is the relationship? _____

COMMONWEALTH OF PENNSYLVANIA:

COUNTY OF SUSQUEHANNA:

_____, being duly sworn according to law, deposes and says acts contained in this questionnaire are true and correct to the best of his/her knowledge, information and belief.

SWORN AND SUBSCRIBED TO BEFORE ME THIS

_____ DAY OF _____, 20__

_____ complaining party