

Office Of The
District Attorney Of Lancaster County

Telephone
 717-299-8100
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 717-295-3693



Lancaster County Courthouse
 50 North Duke Street
 Post Office Box 83480
 Lancaster, PA 17608-3480

Heather L. Adams
 District Attorney

PRIVATE COMPLAINT INFORMATION FORM

Notice to Private Affiant: Rule 506 of the Pennsylvania Rules of Criminal Procedure requires that, except in cases involving a summary offense (See Rule 421), where the affiant is not a law enforcement officer, the complaint be submitted to the District Attorney for approval or disapproval. In order to insure that your complaint can be reviewed and acted on by the District Attorney in a timely fashion, it is imperative that you complete fully all information requested on the criminal complaint, especially giving as detailed a description of the crime as possible. It is also imperative that all information requested on this form be provided and that you sign the affirmation on the back. If additional space is needed use blank paper.

Any questions regarding the completion of the criminal complaint or this form, must be directed to the Office of the District Attorney. Neither the District Judge, nor the District Judge's office staff are permitted to assist you in completing these forms.

PRIVATE AFFIANT INFORMATION:			
Your Full Name (First, Middle, Last)	Your Date of Birth		
Your Home Street Address (Include apartment number, building number etc.)		Your Home Phone Number	
City	State	Zip Code	Your Work Phone Number
Your Place of Work and Work Address			

ADDITIONAL INFORMATION FOR DEFENDANT: (If known to you)	
Defendant's Place of Work	Defendant's Work Phone Number
Work Address	Defendant's Home Phone Number

Has anyone filed a criminal complaint against you concerning this crime? Yes No
 If "Yes" who is the affiant? _____

✓ What is your relationship to the defendant? _____

✓ Did you report this crime to the police? Yes No
 If "Yes" indicate what police department and the name of the officer you spoke with if known to you. If "No" explain why you did not report this crime to the police. _____

(Over)

Is there a witness (or witnesses) to this crime? Yes No

If "Yes" provide the information requested for the witness(s) below.

WITNESS INFORMATION:			
Witness's Full Name (First, Middle, Last)		Witness's Date of Birth	
Witness's Home Street Address (Include apartment number, building number etc.)			Witness's Home Phone Number
City	State	Zip Code	Witness's Work Phone Number
Witness's Place of Work and Work Address			

WITNESS INFORMATION:			
Witness's Full Name (First, Middle, Last)		Witness's Date of Birth	
Witness's Home Street Address (Include apartment number, building number etc.)			Witness's Home Phone Number
City	State	Zip Code	Witness's Work Phone Number
Witness's Place of Work and Work Address			

WITNESS INFORMATION:			
Witness's Full Name (First, Middle, Last)		Witness's Date of Birth	
Witness's Home Street Address (Include apartment number, building number etc.)			Witness's Home Phone Number
City	State	Zip Code	Witness's Work Phone Number
Witness's Place of Work and Work Address			

-AFFIRMATION-	
<p>All the information that I have provided on this form and the criminal complaint is true and correct to the best of my knowledge, information and belief. I understand that I am providing this information subject to the provisions of Section 4904 of the Pennsylvania Crimes Code pertaining to making Unsworn Falsification to Authorities</p>	
Signature of Affiant:	Date:

PLEASE NOTE: Your complaint will be assigned to a County Detective for investigation. If contacted, please make every attempt to answer any additional questions the detective may have or to cooperate with scheduling a meeting with the detective if the detective asks to meet with you.

FOR USE BY THE OFFICE OF THE DISTRICT ATTORNEY		
Case Number DA-	County Detective Assigned	ADA Assigned