



**CONFIDENTIAL DOMESTIC VIOLENCE COMPLAINT INFORMATION FORM
(Not to be Disclosed)**

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): _____

What is your relationship to the defendant?: _____

When did the offense occur?: _____

Where did the offense occur?: _____

Is there a domestic violence restraining order in effect?: _____

In which county was the restraining order obtained?: _____

What is the effective date of the restraining order?: _____

Names and addresses of witnesses (use additional paper if necessary):

Your Name (you are the complainant): _____

Your Address: _____

Your Telephone #: _____ E-mail: _____

FOR COURT USE ONLY

Court Administrator/Deputy Initials: _____ Date: _____

Corresponding complaint #'s: _____

(Every request **requires** the filing of a complaint.)

November 2010