



New Jersey Judiciary
Municipal Court of New Jersey



Certification in Support of Probable Cause

State of New Jersey		Municipal Court Name Twp. of Ocean (Waretown) Municipal Court	County of
Court Address 50 Railraod Av.		City Waretown	Zip 08527
Date of Incident	Location of Incident	Municipality Waretown (1520)	

I offer the following facts and information to establish probable cause in this complaint against (Defendant's name) _____, whom I would like to charge with (list Statutes or Ordinances):

How do you know the identity of the person you are charging?

Describe the incident in detail:

Please describe the Date: _____ Time: _____ Exactly What was said or done: _____
Please list the Statute or Violation number: _____

Certification: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of Complaining Witness

Print Name



New Jersey Judiciary
Municipal Court of New Jersey
Complaint Information Form



Instructions: Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Your Name (you are the complainant)

Street Address

City

State

Zip

Telephone Number

ext.

Email Address

Defendant's Name

Street Address

City

State

Zip

Telephone Number (if known)

ext.

Date of Birth (if known)

Driver's License (if known)

State

Is the person you are charging an elected public official or a candidate for elected public office?

Yes

No

If yes, provide any information regarding what elected office the person is a candidate for or currently holds.

If this is a motor vehicle complaint list:

License Plate # of Other Vehicle

State

Description of vehicle (if known)

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

Name

Address

For Court Use Only

Court Administrator/Deputy Initials: _____

Date: _____

Corresponding Complaint Numbers: _____

(Every request requires the filing of a complaint.)



New Jersey Judiciary
Municipal Court of New Jersey



**Confidential Domestic Violence Complaint Information Form
(Not to be Disclosed)**

Instructions: Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Your Name (you are the complainant)

Street Address	City	State	Zip
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Telephone Number ext.	Email Address
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Defendant's Name

Street Address	City	State	Zip
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Telephone Number (if known) ext.	Date of Birth (if known)	What is your relationship to the defendant?
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Is the person you are charging an elected public official or a candidate for elected public office? Yes No
If yes, provide any information regarding what elected office the person is a candidate for or currently holds

When did the offense occur?	Where did the offense occur?
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Is there a domestic violence restraining order in effect? Yes No

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)

Name

Address

_____	_____
_____	_____
_____	_____

For Court Use Only

Court Administrator/Deputy Initials: _____

Date: _____

Corresponding Complaint Numbers: _____

(Every request requires the filing of a complaint.)