



Municipal Court

Prosecutor Referral



TO: CITIZEN COMPLAINANT WISHING TO FILE A COMPLAINT AGAINST ANOTHER CITIZEN

THESE SPECIFIC POINTS ARE UNDERSTOOD BY THE UNDERSIGNED:

- 1) The citizen must, in good faith, make full, fair, and honest disclosure of all facts and circumstances known to him/her at the time this application for complaint is filed. The facts, as presented, must be in the form as provided under oath. Said form will be the basis of any further investigation and the charging instrument.
- 2) The citizen-complaint must be sworn and signed by the applicant for the complaint.
- 3) The citizen-complainant must be willing to appear in Court to testify against the defendant if the charges are contested (i.e., the accused pleads not guilty).
- 4) The prosecutor reserves the right to subpoena the presence of the citizen-complainant and request the Court to order the enforcement of the subpoena by ordering a police officer to bring the citizen-complainant to the Court.
- 5) The defendant may file a counter-complaint if the citizen-complainant has also been involved in some illegal activity. Please be advised that any statement made at this time or in the future to a police officer, prosecutor, or other city investigative personnel may be used against you should the counter-complaint go forward to trial. Please be advised that when speaking to the prosecutor, the prosecutor represents the State of Texas, and no attorney-client relationship is established by any communications with regard to the application for the complaint or any matters related thereto.
- 6) Once this complaint is accepted by the prosecutor and filed with the court, only the judge, upon recommendation of the prosecutor, has the authority to dismiss a complaint.
- 7) For further information or additional copies of this application please visit our website at www.parkertexas.us .
- 8) Official ID required when submitting application to Municipal Court Office.

Citizen-Complainant Signature

Date

OFFICIAL USE ONLY

Date

Officer Name & ID

Incident/Case Number
Report Yes No



Municipal Court



APPLICATION FOR COMPLAINT

DATE: _____

COMPLAINANT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (HOME): _____ WORK: _____

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NAME OF DEFENDANT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (HOME): _____ WORK: _____

PLACE OF EMPLOYMENT: _____

DESCRIPTION OF DEFENDANT

RACE: _____ SEX: _____ DATE OF BIRTH: _____

WEIGHT: _____ BODY STYLE: _____ AGE: _____

VEHICLE INFORMATION (IF APPLICABLE)

MODEL: _____ MAKE: _____ YEAR: _____

COLOR: _____ BODY STYLE: _____ SPECIAL FEATURES: _____

LICENSE PLATE: _____ STATE OF REGISTRATION: _____

DATE OF OFFENSE: _____ TIME OF OFFENSE: _____

LOCATION OF OFFENSE: _____

TYPE OF PREMISES: _____

ANY WEAPONS USED: _____

WHAT IS YOUR COMPLAINT? *(Describe with as much detail as possible – use as many pages as necessary to fully, fairly, and honestly relate all material facts and circumstances.)(It is helpful, not required, if you identify any specific Parker municipal ordinance or state law you believe has been violated)*

LIST OF WITNESSES (Use additional pages if necessary.)

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE (HOME): _____ WORK: _____

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE (HOME): _____ WORK: _____

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE (HOME): _____ WORK: _____

I swear/affirm that the statements made herein are within my personal knowledge and are true and correct.

Citizen Complainant's Signature
(Please Sign With Court Personnel Present)

Date

Court Administrator/Clerk's Signature
Parker Municipal Court

Filing Date

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DO NOT WRITE BELOW THIS LINE

REVIEWED BY: _____ **(City Prosecutor) City of Parker**

RECOMMENDATION: _____

