



**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: \_\_\_\_\_

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**FOR COURT USE ONLY**

Court Administrator/Deputy Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Corresponding complaint #'s: \_\_\_\_\_

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

November 2010