



YORK COUNTY DISTRICT ATTORNEY

DAVID W. SUNDAY, JR.
District Attorney

TIM BARKER
First Assistant District Attorney

ART SMITH
Chief County Detective

KYLE G. KING
Chief Administrator

Office Use Only

Date Received:	Incident Number	ADA Reviewer:	Detective:	Code:
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PRIVATE CRIMINAL COMPLAINT INFORMATION FORM

Under rule 506 of the Pennsylvania Rules of Criminal Procedure, the District Attorney’s Office Must approve or disapprove all private criminal complaints filed by persons who are not law enforcement officers. It is important that you provide all of the information requested on this form so that your complaint can be thoroughly reviewed. Failure to provide the requested information may result in the disapproval of your complaint.

DO NOT USE THIS FORM FOR REPORTING BAD CHECK COMPLAINTS

Go to the following link for information on and reporting on a bad check in our bad check program:

<http://www.checkprogram.com/staticwebsites/yorkcountypa/>

Your Information

Last Name	First Name	MI	SSN	Date of Birth
Representing (if representing a company/business, list business name here)				
Mailing Address				
City		State	Zip	
Home Phone	Cell Phone	Office Phone		Email Address

Defendant Information

Name or description of person/business					
Mailing address					
City	State	Zip	Home Phone	Cell phone	Office phone

Witness

Last name	First name	MI			
Mailing address					
City	State	Zip	Home Phone	Cell phone	Office phone

Witness

Last name	First name	MI			
Mailing address					
City	State	Zip	Home Phone	Cell phone	Office phone

Witness

Last name		First name		MI	
Mailing address					
City	State	Zip	Home Phone	Cell phone	Office phone

Your Attorney

Check this box if you are NOT represented by an attorney

Last name		First name		MI	
Mailing address					
Email address		Home Phone	Cell phone	Office phone	

Have you filed a civil lawsuit in this matter? Yes No

Do you intend to file a civil lawsuit in this matter? Yes No

Did you file a complaint with your Local Police Department? Yes No

Police Department	Officer / Badge #	Incident #
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Offense(s) to be charged

Statement of the facts:

supporting documents attached

Include details such as dates, times, locations, and the reason for your complaint. You must repeat this information on the PRIVATE CRIMINAL COMPLAINT Form

THIS DOCUMENT MUST BE ATTACHED TO THE PRIVATE CRIMINAL COMPLAINT FORM

Signature Printed Name date

I verify that the facts set forth in this form are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18Pa C.S. §4904) relating to unsworn falsification to authorities.

**PRIVATE CRIMINAL
COMPLAINT**



**COMMONWEALTH OF PENNSYLVANIA
VS.**

Magisterial District Number: _____

MDJ Name: Hon. _____

Address: _____

Telephone: () _____

DEFENDANT: _____

NAME and ADDRESS _____

Docket No.: _____

Date Filed: _____

OTN: _____

(Above to be completed by court personnel)

(Fill in defendant's name and address)

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Defendant's D.O.B.	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number State Registration Sticker (MM/YY)	Defendant's Driver's License Number State	

I, _____

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

- I accuse the above named defendant who lives at the address set forth above
 I accuse the defendant whose name is unknown to me but who is described as _____
 I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at _____

(Place-Political Subdivision)

in YORK County on or about _____

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

Defendant's Name:

<p>Docket Number:</p>



PRIVATE CRIMINAL COMPLAINT

2. The acts committed by the accused were:

(Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, **social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.**)

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of _____ and _____
(Section) (Subsection)
 of the _____
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.

4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

 Date Signature of Complainant

Office of the Attorney for the Commonwealth Approved Disapproved because: _____

(Name of Attorney for Commonwealth-Please Print or Type) (Signature of Attorney for Commonwealth) (Date)

AND NOW, on this date _____, I certify that the complaint has been properly completed and verified.

(Magisterial District) (Issuing Authority)

SEAL

MDJ OFFICE	TELEPHONE	MDJ OFFICE	TELEPHONE	MDJ OFFICE	TELEPHONE
DISTRICT 19-1-01		DISTRICT 19-2-03		DISTRICT 19-3-06	
LINDA L WILLIAMS	717-771-4787	KEITH ALBRIGHT	717-793-5200	THOMAS REILLY	717-225-3301
1285 EAST PRINCESS ST	717-771-4786	390 E. BERLIN RD	717-793-5201	4824 WALTERS HATCHERY RD	717-225-3306
YORK, PA 17403		YORK, PA 17408		SPRING GROVE, PA 17362	
DISTRICT 19-1-02		DISTRICT 19-2-04		DISTRICT 19-3-07	
JAMES H MORGAN	717-771-4792	JEFFREY OBERDORF	717-767-5700	DAVID ESHBACH	717-767-5708
1215 Roosevelt Ave.	717-771-4793	3202 FARMTRAIL RD	717-767-5701	2990 GRENWAY RD	717-767-5718
YORK, PA 17404		YORK, PA 17406		DOVER, PA 17315	
DISTRICT 19-1-03		DISTRICT 19-2-05		DISTRICT 19-3-09	
DWAYNE A DUBS	717-632-4565	JENNIFER J.P. CLANCY	717-845-5508	SCOTT J GROSS	717-938-2523
203 DART DRIVE	717-632-4740	1410 Sixth AVE	717-845-5512	700 YORKTOWN RD	717-938-3273
HANOVER, PA 17331		YORK, PA 17403		LEWISBERRY, PA 17339	
DISTRICT 19-1-04		DISTRICT 19-3-01		DISTRICT 19-3-10	
RONALD J HASKELL JR.	717-771-4799	JOHN H FISHEL	717-244-4002	RICHARD T THOMAS	717-432-3618
232 SOUTH GEORGE ST	717-771-4798	2997 CAPE HORN RD	717-244-4003	126 WEST HARRISBURG ST STE 200	717-432-8432
YORK, PA 17401		RED LION, PA 17356		PO BOX 415	
				DILLSBURG, PA 17019	
DISTRICT 19-1-05		DISTRICT 19-3-03		DISTRICT 19-3-11	
JOEL TOLUBA	717-771-4796	LAURA S. MANIFOLD	717-993-6721	ROBERT ECKENRODE	717-266-6891
745 WEST MASON AVE	717-771-4795	72 NORTH MAIN ST Suite # 2	717-993-6466	202 ROSEDALE DR	717-266-6892
YORK, PA 17401		STEWARTSTOWN, PA 17363		MANCHESTER, PA17345	
DISTRICT 19-2-01		DISTRICT 19-3-04			
BARRY L BLOSS JR.	717-840-7233	Senior Judge	717-227-0688		
118 PLEASANT ACRES RD	717-840-7234	165 FAIRVIEW CT	717-227-0942		
YORK, PA 17402		NEW FREEDOM, PA 17349			
DISTRICT 19-2-02		DISTRICT 19-3-05			
SCOTT LAIRD	717-747-5100	JAMES S MINER	717-632-0618		
2756 A SOUTH QUEEN ST	717-747-5101	20 WAYNE AVE SUITE 2	717-632-1629		
DALLASTOWN, PA 17313		HANOVER, PA 17331			