

Franklin County Municipal Court

Lori M. Tyack, Clerk of Court 375 S. HIGH ST., COLUMBUS, OHIO 43215

State of Ohio

County of Franklin

City of Columbus

V:

CHARLES W. WILLOUGHBY

DEFENDANT

OTHER JURISDICTION

TIME STAMP

COMPLAINT

Complainant, being duly sworn, states that the above named defendant, at Franklin County / Columbus, Ohio, on or about the 1 day of NOVEMBER, 2013 did: WHILE VOLUNTARILY

INTOXICATE AND IN THE PRESENCE OF TWO OR MORE PEOPLE, TO WIT: 1360 W. 6TH AVE ENGAGE IN CONDUCT WHICH WAS LIKELY TO CAUSE ALARM TO PERSONS OF ORDINARY SENSIBILITIES, TO WIT: BY KNOCKING AND KICKING ON THE FRONT DOOR CAUSING THE HOME ALARM TO GO OFF, WHICH EFFECT HE WOULD HAVE REALIZED IF NOT FOR BEING INTOXICATED

in violation of section 2317.11B1 City Code, a Misdemeanor of the FOURTH degree.

Complainant

C. ROGERS

C. ROGERS

2720

ADDRESS OR AGENCY & ASSIGNMENT

CITY

STATE

ZIP CODE

Sworn to and subscribed before me, this

1 day of NOVEMBER, 2013

Lori M. Tyack

Clerk of the Franklin County Municipal Court

By

CLERK / DEPUTY CLERK / NOTARY PUBLIC / REACE OFFICER

Notary Seal & Expiration Date

ARREST WARRANT

To any law enforcement officer of the State of Ohio:

You are hereby commanded to arrest the above named defendant and bring him/her before the Franklin County Municipal Court without unnecessary delay, to answer to the complaint hereon. WHEN APPLICABLE, IN ACCORDANCE TO CRIMINAL RULE #4, THE WARRANT HAS BEEN ISSUED BEFORE THE DEFENDANT HAS APPEARED AND THE BAIL PROVISION CRIMINAL RULE 46 SHALL APPLY. ARRAIGNMENT COURT IS HELD IN COURTROOM 4C AT 9:00 AM., MONDAY THROUGH FRIDAY.

Lori M. Tyack

Clerk of the Franklin County Municipal Court

Slate # Control #

By DEPUTY DATE

Complaint Number

1960167

Issuing Officer

C. ROGERS

Badge Number

2720

Case No.

Charge: DOC INTOX -

Section Number

2317.11B1

City Code

O.R.C.

Offense Date

11/01/13

Offense Time

2:40 PM

Offense Location

1360 W. 6TH AVE

Suspect Cruiser Dist.

Name

WILLOUGHBY CHARLES

W

Street

1612 ANDOVER AVE

City

UPPER ARLINGTON

State

OH

Zip

43212

SEX

M

RACE

W

HGT

6'0"

WGT

200

HAIR

BRN

EYES

BLU

DOB

12/21/1985

S.S. #

2228

IDENT #

57984282

INC 130930441

SUMMONS: Read Notice #1 on reverse side.

You MUST appear in courtroom 4C or 15C on the date and time indicated. I personally served the Defendant a copy of this Summons on 11/1/13 Signature C. ROGERS 2720

Type of SUMMONS Service Requested:

Personal Certified Mail

CITATION: Read Notice #2 on reverse side.

Court appearance is OPTIONAL. You may contest this citation by appearing in COURTROOM 4C or COURTROOM 15C on the date and time indicated.

COURT DATE & TIME

11 | 08 | 2013 | 9:00 AM PM

X

This is not an admission of guilt. An ARREST WARRANT will be issued if you do not properly respond to this charge.

8/01

DEFENDANT COPY

To Defendant: Read This Material Carefully

The Clerk of Court cannot provide legal advice or change your assigned court date.

☒ Notice #1 - Personal Appearance in Court Required

Your personal appearance is required in Municipal Court, 375 S. High St., Columbus, Ohio, Courtroom 4C or Courtroom 15C on the date and time specified in the "Court Date" box on the front of this summons. Bring this summons with you as well as sufficient money to post bond if your case is continued, or to pay whatever fine may be levied.

BAIL: The posting of bail is to secure your appearance in court. It is not a payment of fine and costs.

NOTE: The court will issue a warrant for your arrest if you fail to appear on the date and time specified.

☐ Notice #2 - Option to Pay in Lieu of Court Appearance

You may, prior to the specified court date, plead guilty to the offense and dispose of the case without a court appearance by paying the fine and costs by:

1. **Personally Appearing:** at the Municipal Clerk of Court, 375 South High Street, Columbus, Ohio, and signing the waiver printed below, and paying the full amount of the fine and costs due. Accepted methods of payment are: Cash, Visa, MasterCard, Discover, or Personal Check. The Clerk's office is open 7 days a week, 24 hours a day.
2. **Paying by Mail:** Place a PERSONAL CHECK or MONEY ORDER, made payable to the Franklin County Municipal Court, for the Total Amount Due (NO CASH). Mail this notice along with payment to the above address.
3. **Paying by Visa/MasterCard/Discover:** Complete the credit card information on this form and mail to the address below.
4. **Paying by Fax:** Fax completed VISA/DISCOVER/MASTERCARD information with this notice to (614) 645-0240. Fax 24 hours a day, 7 days a week and payment will be processed the next working day.
5. **Paying by Internet:** Pay online by Visa/MasterCard/Discover by accessing our website at www.fmcclerk.com and following the online payment instructions.

Remember to sign and complete the waiver below upon payment.

VISA/DISCOVER/MASTERCARD Account Number	Expiration Date	Authorized Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number ()	Cardholder Signature	Ticket #
Name of Cardholder	(Please Print)	Phone #

If you have any questions, please call our office at (614) 645-8186, 24 hours a day, 7 days a week.

Franklin County Municipal Court
375 South High Street - 2nd Floor
Columbus, OH 43215-4520

Note: Additional costs will be assessed if not received by the assigned court date. The court is not responsible for mail payments until received.

No continuances or extensions of any kind can be granted over the telephone at any time.

If you wish to contest this charge: You must appear in Franklin County Municipal Court, 375 S. High St., Columbus, Ohio, Courtroom 4C or Courtroom 15C on the date and time specified in the "Court Date" box on the front of this complaint.

NOTE: The court will issue a warrant for your arrest if you fail to dispose of this charge by either paying the fine without a court appearance or appearing in court on the date and time specified.

For additional information call (614) 645-8186.

*Guilty Plea, Waiver of Trial, Payment of Fine and Costs

I, the undersigned, do hereby enter my written plea of guilty to the offense charged in this complaint. I realize that by signing this guilty plea, I admit my guilt of the offense charged and waive my right to contest the offense in a trial before the court or jury.

This Complaint Must Accompany Payment

Fine \$ **X**
SIGNATURE OF DEFENDANT
Cost \$
STREET ADDRESS
Total \$
CITY STATE ZIP

DO NOT WRITE IN THIS AREA

Guilty Plea, waiver and payment made in person / by mail.

Receipt No.

Clerk / Deputy Clerk

Date