REQUEST INFORMATION

YOUR NAME:		
YOUR ADDRESS:		
HOME PHONE:	WORK PHONE:	
PLACE OF EMPLOYMENT:		
DEFENDANT'S NAME:		
DEFENDANT'S ADDRESS:		
HOME PHONE:	WORK PHONE:	
PLACE OF EMPLOYMENT:		
DESCRIBE IN DETAIL THE REASON FOR YOUR REQUEST:		

COMPLAINT INFORMATION JUSTICE OF THE PEACE PRECINCT # 3 JIM WELLS COUNTY, TEXAS

DATE:		
MY NAME IS:		
MY ADDRESS IS:		
MY PHONE NUMBER	IS:	
I AM FILING THIS COM	IPLAINT AGAINST:	
WHOSE ADDRESS IS:		
HIS/HER PHONE NUME	BER IS:	
THE PERSON I AM FILE	ING ON IS:	
a. AGE	b. SEX	c. RACE
d. HEIGHT	e. HAIR COLOR	f. WEIGHT
HOW DID THE PERSON	ABUSE YOU?	
WAS THIS OFFENSIVE	TO YOU?	
WHERE DID THIS HAP	PEN?	
PRIVATE RESIDENCE:	PUBL	IC PLACE:
WHEN DID THIS HAPP	EN?	
DID YOU DO ANYTHIN	G TO PROVOKE THIS INCL	DENT? YES or NO
IF YES EXPLAIN:		

IS THERE ANY RELATIONSHIP BETWEEN YOU ANY YES or NO (example: husband, boyfriend/girlfriend, neig		RTY?	
IF YES EXPLAIN:			
IS THERE ANYTHING ELSE WE SHOULD KNOW? (Example: the other party filed on me.)			
HAVE YOU EVER FILED A CASE IN THIS COURT B	EFORE? YES or NO)	
IF YES HOW MANY TIMES?			
I SWEAR THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I WISH TO FILE CHARGES AGAINST THE ACCUSED.			
	SIGNATURE		
SWORN AND SCRIBED BEFORE ME THIS THE	DAY OF	, 2015	
	COURT CLERK	/NOTARY PUBLIC	
WITNESSES:			
NAME:	NAME:		
ADDRESS:	ADDRES	S:	