



New Jersey Judiciary
Municipal Court of New Jersey
Complaint Information Form



Instructions: Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Your Name (you are the complainant)

Street Address	City	State	Zip
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Telephone Number	Email Address
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Defendant's Name

Street Address	City	State	Zip
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Telephone Number (if known)	Date of Birth (if known)	Driver's License (if known)	State
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Is the person you are charging an elected public official or a candidate for elected public office? Yes No
If yes, provide any information regarding what elected office the person is a candidate for or currently holds.

If this is a motor vehicle complaint list:

License Plate # of Other Vehicle	State	Description of vehicle (if known)
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Names and addresses of witnesses (use additional paper if necessary)

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

For Court Use Only

Court Administrator/Deputy Initials: _____ Date: _____

Corresponding Complaint Numbers: _____

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