

**CITIZENS WISHING TO FILE A COMPLAINT
AGAINST ANOTHER CITIZEN**

THESE SPECIFIC POINTS SHOULD BE UNDERSTOOD BY THE COMPLAINANT

1. **DO NOT FILL IN THE TOP LINE FO THE AFFIDAVIT OR SIGN THESE FORMS** until you swear to the facts on the forms in the presence of a notary public for the State of Texas. **Each page must be sworn to and signed by you in front of a notary.**
2. The complaint form and the affidavit must be sworn to and signed by you, the complainant, before any action is taken.
3. The complainant must appear in Court to testify against the defendant if they contest the charges (a not guilty plea). This court setting will be held during normal business hours between 8:00 a.m. and 5:00 p.m.
4. If the defendant is found guilty, the maximum sentence that may be assessed in Municipal court, on most offenses, is a fine of \$200.00.
5. The defendant may file a counter complaint, if the complainant has also been involved in some illegal activity or if the defendant alleges that there was an offense committed by the person filing this complaint.
6. Once you file a complaint, only the Municipal Court Judge, upon recommendation of the prosecutor, has the authority to dismiss a complaint.
7. The attached "Affidavit in Fact" form must be completed, in detail, in narrative form. Begin your facts on line number #6. Please be as detailed as possible in describing everything that occurred. All information provided to the court including details such as: the time of the offense, any offensive language that may have been used, any witnesses etc., will assist in prosecuting your case. You may use as many of the "affidavit in Fact" and "complaint" forms as necessary to have enough space to describe all the details. If you have any witnesses, to the incident, they too must complete an "Affidavit in Fact". If they do not complete it now, it will slow down the processing of your complaint. You have permission to reproduce these documents. You must write all information on the front of the "Affidavit in Fact" forms and you may use as many additional forms as needed to thoroughly tell your facts. You must use black ink on all documents.
8. Any corrections you make, you must initial. If any blank lines are left on the document, you must draw a line through them and initial each end of the line(s). If several blank lines are left at the end of your narrative you must draw a large X across all of the remaining lines and initial each corner of the X. This is to certify you have completed your statement and guards against anyone writing any additional information or comments on your affidavit.
9. The "APPLICATION FOR COMPLAINT" forms and the "AFFIDAVIT IN FACT" forms are two separate documents. They must be numbered, sworn to and notarized independently.
10. If you have any questions, contact the flower Mound Municipal Court in person at 4150 Kirkpatrick Lane, Flower Mound, Texas, 75028 or call (972)874-3370.

A PERSON FOUND GUILTY OF GIVING FALSE SWORN STATEMENTS SHALL BE PUNISHED BY A FINE NOT TO EXCEED \$4,000; CONFINEMENT IN JAIL FOR A TERM NOT TO EXCEED ONE YEAR OR BOTH.

APPLICATION FOR COMPLAINT

YOUR NAME: _____ DATE: _____

HOME ADDRESS: _____

PHONE (HOME): _____ (BUSINESS): _____

BUSINESS ADDRESS: _____

DRIVERS LICENSE #: _____ SOCIAL SECURITY #: _____

DATE OF BIRTH: _____ ADDITIONAL CONTACT NUMBERS: _____

Any unknown information about the defendant or witnesses, mark the blank with unknown.

Do not leave any blanks incomplete

DESCRIPTION OF DEFENDANT:

NAME OF DEFENDANT: _____

ADDRESS (HOME): _____

CITY, STATE, ZIP: _____

PHONE (HOME): _____ (BUSINESS): _____

BUSINESS ADDRESS: _____

RACE: _____ SEX: _____ DATE OF BIRTH: _____

WEIGHT: _____ HEIGHT: _____ AGE: _____

VEHICLE INFORMATION (IF APPLICABLE):

COLOR: _____ YEAR: _____ MODEL: _____ MAKE: _____

BODY STYLE: _____ LICENSE PLATE: _____ STATE: _____

DATE OF OFFENSE: _____ TIME OF OFFENSE: _____

LOCATION OF OFFENSE: _____

TYPE OF PREMISES: _____

WHAT IS YOUR COMPLAINT? (GIVE A BRIEF DESCRIPTION)

I have read each page of this complaint consisting of _____ page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Signature

Subscribed and sworn to before me this the _____ day of _____ A.D., 20_____.

Notary Public

Page _____ of _____.

APPLICATION FOR COMPLAINT (CONTINUED)

LIST OF WITNESSES:

Witness Number 1:

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

PHONE (HOME): _____ (BUSINESS): _____

Witness Number 2:

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

PHONE (HOME): _____ (BUSINESS): _____

Witness Number 3:

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

PHONE (HOME): _____ (BUSINESS): _____

Witness Number 4:

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

PHONE (HOME): _____ (BUSINESS) _____

Witness Number 5:

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

PHONE (HOME): _____ (BUSINESS): _____

DO NOT WRITE BELOW THIS LINE

CHARGE: _____ CASE#: _____

OFFICER: _____

RECOMMENDATION: _____
