

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF:

Magisterial District Number:

Required to enter into the MDJS

Additional Fields
No location to enter in MDJS - Data stored

Required by PSP for NCIC

Conditional:
Required by PSP for NCIC if certain conditions exist

MDJ: Hon.
Address:

Telephone: ()

First Name Middle Name Last Name Gen.

NCIC Extradition Code Type

1-Felony Full 4-Felony No Ext. B-Misdemeanor Limited E-Misdemeanor Pending
2-Felony Ltd. 5-Felony Pend. C-Misdemeanor Surrounding States
3-Felony Surrounding States A-Misdemeanor Full D-Misdemeanor No Extradition
Distance: _____ Required for felonies and if warrant is requested for misdemeanors

DEFENDANT IDENTIFICATION INFORMATION

RACE ETHNICITY Docket Number Date Filed OTN/LiveScan Number Complaint/Incident Number
White Hispanic
Asian Non-Hispanic
Black Unknown
Native American GENDER
Unknown Male Female
SID: Request Lab Services? YES NO
HAIR COLOR GRY (Gray) RED (Red/Aubn.) EYE COLOR
BLK (Black) ONG (Orange) BLN (Blonde/Strawberry) GRN (Green) PNK (Pink)
BLU (Blue) PLE (Purple) WHI (White) BLK (Black) GRY (Gray) MUL (Multicolored)
BRO (Brown) PNK (Pink) WHI (White) BLU (Blue) HAZ (Hazel)
GRN (Green) SDY (Sandy) XXX (Unk./Bald) BRO (Brown) MAR (Maroon) XXX (Unknown)

DOB / / POB Add'l DOB / / SSN - - Add'l SSN - -
First Name Middle Name Last Name Gen.

AKA
Driver License State License Number Expires: / /
DNA YES NO DNA Location
FBI Number MNU Number Ft. HEIGHT In.

WEIGHT (lbs.)
Fingerprint Classification:

DEFENDANT VEHICLE INFORMATION

Plate # State Hazmat Registration Sticker (MM/YY) Comm'l Veh. Ind. School Veh. Oth. NCIC Veh. Code
VIN Year Make Model Style Color

Office of the attorney for the Commonwealth Approved Disapproved because:

(The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing. See Pa.R.Crim.P. 507).

(Name of the attorney for the Commonwealth) (Signature of the attorney for the Commonwealth) (Date)

I, (Name of the Affiant) (PSP/MPOETC -Assigned Affiant ID Number & Badge #)

Of (Identify Department or Agency Represented and Political Subdivision) (Police Agency ORI Number)
do hereby state: (check appropriate box)

1. 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 nick name are unknown to me and whom I have

with violating the penal laws of the Commonwealth of Pennsylvania at [] Subdivision Code (Place-Political Subdivision)

in _____ County [] on or about (Date of offense) (County Code)



POLICE CRIMINAL COMPLAINT

Docket Number:	Date Filed: / /	OTN/LiveScan Number	Complaint/Incident Number
Defendant Name	First:	Middle:	Last:

The acts committed by the accused are described below with each Act of Assembly or statute violated, if appropriate :
 (Set forth a **brief** summary of the facts sufficient to advise the defendant of the nature of the offense(s) charged. A citation to the statute(s) violated, without more, is not sufficient. In a summary case, you must cite the specific section(s) and subsection(s) of the statute(s) or ordinance(s) allegedly violated.)

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone		

Statute Description/Acts of the accused associated with this Offense:

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone		

Statute Description/Acts of the accused associated with this Offense:

Inchoate Offense	<input type="checkbox"/> Attempt 18 901 A	<input type="checkbox"/> Solicitation 18 902 A	<input type="checkbox"/> Conspiracy 18 903	<input type="checkbox"/> A1 (Engaging)	<input type="checkbox"/> A2 (Aiding)	<input type="checkbox"/> B (Knowledge)	<input type="checkbox"/> Permitting (Title 75 Only) 75 1575 A
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<input type="checkbox"/>				of the					
Lead?	Offense#	Section	Subsection	PA Statute (Title)	Counts	Grade	NCIC Offense Code	UCR/NIBRS Code	
PennDOT Data (if applicable)	Accident Number				<input type="checkbox"/> Safety Zone		<input type="checkbox"/> Work Zone		

Statute Description/Acts of the accused associated with this Offense:



POLICE CRIMINAL COMPLAINT

Docket Number:

Date Filed:

/ /

OTN/LiveScan Number

Complaint/Incident Number

Defendant Name

First:

Middle:

Last:

2. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made.
3. 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.
4. This complaint is comprised of the preceding Page, as well as the attached pages that follow, numbered ___ through ___, specifying offenses and Participants, if any.

The acts committed by the accused, as listed and hereafter, were against the peace and dignity of the Commonwealth of Pennsylvania and were contrary to the Act(s) of the Assembly, or in violation of the statutes cited.
(Before a warrant of arrest can be issued, an affidavit of probable cause must be completed, sworn to before the issuing authority, and attached.)

<p>_____</p> <p style="text-align: center;">(Date)</p>	<p>_____</p> <p style="text-align: center;">(Signature of Affiant)</p>
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AND NOW, on this date _____ I certify that the complaint has been properly completed and verified.

An affidavit of probable cause must be completed before a warrant can be issued.

(Magisterial District Court Number)

(Issuing Authority)

