COMPLAINT - SUMMONS

COMPLAINT NUMBER			
1217	S		
COURT CODE	PREFIX	YEAR	SEQUENCE NO.

PISCATAWAY TWP MUNICIPAL COURT
555 SIDNEY RD
PISCATAWAY NJ 08854
(732)562-2330 COUNTY OF: MIDDLESEX

THE STATE OF NEW JERSEY
VS.

ADDRESS

# of CHARGES	CO-DEFTS	POLICE CASE #:
1		

COMPLAINANT NAME:

DEFENDANT INFORMATION
SEX: EYE COLOR: DOB:
DRIVER'S LIC. #. DL STATE:
SOCIAL SECURITY #: SBI #:
TELEPHONE #:

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about in PISCATAWAY TWP , MIDDLESEX County, NJ did:
WITHIN THE JURISDICTION OF THIS COURT,

in violation of:

Original Charge	1)	2)	3)
Amended Charge			

CERTIFICATION:

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Signed: _____ **Date:** _____

The complaining witness is a law enforcement officer and a judicial probable cause determination is not required prior to the issuance of this Complaint-Summons.

SUMMONS:

YOU ARE HEREBY SUMMONED to appear before this court to answer this complaint. If you fail to appear on the date and at the time stated below, a warrant may be issued for your arrest.

DATE TO APPEAR: **TIME:**

_____ _____
Signature of Person Issuing Summons Date

☐ **Domestic Violence – Confidential** ☐ **Related Traffic Tickets or Other Complaints** ☐ **Serious Personal Injury/ Death Involved**

Special conditions of release:
- ☐ **No phone, mail or other personal contact w/victim**
- ☐ **No possession firearms/weapons**
- ☐ **Other** (specify):

ORIGINAL