



CARLSTADT MUNICIPAL COURT

500 MADISON STREET
CARLSTADT, NEW JERSEY 07072
(201) 438-4306

HON. GEORGE SAVINO, JMC

READ THIS ENTIRE FORM BEFORE SIGNING

1. The filing of a complaint is a serious matter, and you are strongly advised to consult with an attorney before doing so. There are many important legal considerations that you should be aware of prior to taking action.
2. If you do sign a complaint and the Judge finds no Probable Cause for the issuance of your complaint, your adversary could sue you for FALSE ARREST or MALICIOUS PROSECUTION.
3. The filing of a complaint requires that you swear under oath that your charges are true. Thus you and you alone will suffer the consequences if you cannot prove your allegations. You will have to swear to the truthfulness of your testimony.
4. If you file charges and decide to later not move forward with your complaint(s), you must still appear in court. If the Judge allows the withdrawal, or determines the charges as being frivolous, you will be assessed a charge of \$25.00 for each filed complaint.
5. If you sign a complaint and fail to appear in court on the date set, the Judge can issue a Bench Warrant for your arrest for Contempt of Court, which may result with a fine or incarceration.
6. Since a delay of a few days will not prejudice your rights, it is strongly suggested that you reconsider signing a complaint until you have had the opportunity to consult with an attorney. We are not permitted to offer you legal advice on any specific manner.

NOTE: This form does not constitute the complaint. It is a preliminary form designed for the following reasons:

- To inform you of your basic rights;
- To save you and the Court Clerk from unnecessary delay; and
- To ensure that the formal complaint will accurately express the highlights of your charge(s).

DEFENDANT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE: _____

PHONE _____

COMPLAINANT

MY NAME IS: _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE #: _____ () LISTED () UNLISTED

THE INCIDENT FOR WHICH I AM FILING A COMPLAINT OCCURRED WITHIN THE BOROUGH OF CARLSTADT ON...

DATE _____ TIME _____

MY ATTORNEY'S NAME IS _____

I SPEAK & UNDERSTAND ENGLISH: _____ FLUENTLY _____ SOMEWHAT _____ WITH GREAT DIFFICULTY

I FEEL MOST COMFORTABLE WITH THE FOLLOWING LANGUAGE: _____ AND WILL BRING MY OWN INTERPRETER TO COURT ON THE DATE SET FOR THE HEARING.

I EXPECT TO BRING THE FOLLOWING WITNESSES TO TESTIFY ON MY BEHALF:

I UNDERSTAND THAT WHEN THE CLERK COMPLETES THE TYPING OF THE DOCKET, I WILL BE CALLED UPON TO SWEAR UNDER OATH THAT THE CHARGES ARE TRUE, AND THEN SIGN UNDER OATH THUS FILING THE COMPLAINT.

I HAVE READ ALL OF THE ITEMS ON THIS SHEET AND UNDERSTAND EACH SECTION.

SIGNATURE _____ DATE _____ TIME _____

IN BRIEF, STATE THE ALLEGED VIOLATION OF THE LAW. PLEASE DO NOT GO INTO GREAT DETAIL.

(SEE ATTACHED WRITTEN VOLUNTARY STATEMENT IF FILED WITH POLICE DEPARTMENT.)

CFS # _____

COMPLAINANT _____
(SIGNATURE)

DATE _____

WITNESS _____

DATE _____