



Office Use Only

Date Rcvd	File No.	A.D.A. reviewer	Investigator	Code
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Mail Completed Form To:

District Attorney's Office
701 Main Street, 2nd Floor
Stroudsburg PA 18360-2275

PRIVATE CRIMINAL COMPLAINT QUESTIONNAIRE

Under Rule 506 of the Pennsylvania Rules of Criminal Procedure, the District Attorney's Office must approve or disapprove all private criminal complaints filed by persons who are not law enforcement officers. It is important that you provide all the information requested on this questionnaire so that your complaint can be thoroughly reviewed. Please attach this completed questionnaire to the PRIVATE CRIMINAL COMPLAINT when it is submitted. Failure to provide the requested information may result in disapproval of your complaint.

DO NOT USE THIS FORM FOR REPORTING ON BAD CHECKS.

Go to www.monroecountyda.com and click on the BAD CHECK button for reporting bad checks or request a BAD CHECK packet from the Office of the District Attorney.

Your Information

Last Name		First Name		MI	SSN or Tax ID	Date of Birth
Representing (if representing a company/business, list name of business)						
Mailing Address						
City					State	Zip
Home Phone	Cell Phone	Office Phone	Email Address			

Accused Information

Name of Person or Business Complaint is Against or Description of Subject If You Don't Have a Name					
Mailing Address					
City	State	Zip	Home Phone	Cell Phone	Office Phone

Witness(es)

Last Name		First Name		MI	
Mailing Address					
City	State	Zip	Home Phone	Cell Phone	Office Phone

Witness(es)

Last Name		First Name		MI	
Mailing Address					
City	State	Zip	Home Phone	Cell Phone	Office Phone

Witness(es)

Last Name		First Name			MI
Mailing Address					
City	State	Zip	Home Phone - -	Cell Phone - -	Office Phone - -

Your Attorney *Check this box if you are not represented by an attorney.*

Last Name		First Name			MI
Mailing Address					
Email Address			Cell Phone	Office Phone	

Have you filed a civil lawsuit in this matter? Yes No

Do you intend to file a civil lawsuit in this matter? Yes No

Did you file a complaint with your local police department? Yes No

Police Department	Officer	Case Number
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Offense to be Charged

Your version of the facts Supporting Documents Attached

Include details such as dates, times, locations and the reason for your complaint. You must repeat this information on the PRIVATE CRIMINAL COMPLAINT FORM.

THIS DOCUMENT MUST BE ATTACHED TO THE PRIVATE CRIMINAL COMPLAINT FORM

Signature Block

I certify that the information I have furnished to the District Attorney in this matter is true and correct to the best of my knowledge and belief.

Your Signature