

DATE: \_\_\_\_\_ Deputy DSN# \_\_\_\_\_ Case Number: \_\_\_\_\_

**STONE COUNTY SHERIFF'S OFFICE  
COMPLAINT FORM**

**COMPLAINANT'S FULL NAME** \_\_\_\_\_

DOB \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

My Height: \_\_\_\_\_ My Weight: \_\_\_\_\_ My Hair Color: \_\_\_\_\_ My Eye Color: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACTUAL STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

WORK PHONE# \_\_\_\_\_

\*\*\*\*\*

**DEFENDANT'S FULL NAME** \_\_\_\_\_

DOB \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Their Height: \_\_\_\_\_ Their Weight: \_\_\_\_\_ Their Hair Color: \_\_\_\_\_ Their Eye Color: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACTUAL STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

WORK PHONE# \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

VEHICLE DESCRIPTION: \_\_\_\_\_ LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

\*\*\*\*\*

**NATURE OF OFFENSE** \_\_\_\_\_ **DATE OF OFFENSE** \_\_\_\_\_

**PLACE OF OFFENSE** \_\_\_\_\_ **VALUE OF GOODS** \_\_\_\_\_

*(DESCRIBE OFFENSE IN THE SPACE PROVIDED ON THE BACK OF THIS FORM)*

\*\*\*\*\*

**WITNESSES FULL NAME** \_\_\_\_\_

DOB \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Their Height: \_\_\_\_\_ Their Weight: \_\_\_\_\_ Their Hair Color: \_\_\_\_\_ Their Eye Color: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACTUAL STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

\*\*\*\*\*

**WITNESSES FULL NAME** \_\_\_\_\_

DOB \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

Their Height: \_\_\_\_\_ Their Weight: \_\_\_\_\_ Their Hair Color: \_\_\_\_\_ Their Eye Color: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACTUAL STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

WORK PHONE# \_\_\_\_\_

\*\*\*\*\*

By signing this complaint, I hereby state the foregoing information is true to the best of my information, knowledge and belief, **SHOULD I WANT THIS COMPLAINT DISMISSED, AND THE PROSECUTING ATTORNEY AGREES TO DISMISS ON MY BEHALF, I WILL BE EXPECTED TO PAY ANY COURT COSTS WHICH HAVE ACCRUED.**

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

