## COMMONWEALTH OF PENNSYLVANIA COUNTY OF ADAMS



## PRIVATE CRIMINAL COMPLAINT

Mag. Dist. No: MDJ-51-3-03					COMMONWEALTH OF PENNSYLVANIA						
MDJ Name:	Honorable Tony J.	Little				DEFENDA	ANT:	\	<i>/</i> .	NAME and ADDRESS	
Address:	ddress: 40 Church Road East Berlin, PA 17316				Γ					_	
Telephone:	717-337-5770					L	5				_
							Docket Case F				
								DTN:			
Notice: Under	Pa.R.Crim.P. 506,	your compla	int ma	y require ap	prova	by the	attorney fo	or the C	omm	onwealth before it	can be
										complaint, you ma	y
	ourt of Common Pl nformation as you l		ew of tr	ie decision	or the	attorney	for the Co	ommor	iwear	tn.	
Defendant's Race/Eth		Defendant's Sex	:	Defendant's D.O	.В			Defenda	nt's SID	(State Identification Number)	
☐ White ☐ Blad ☐ Asian ☐ Nati	☐ Male ☐ Female										
☐ Hispanic ☐ Unk  Defendant's A.K.A (als			Defenda	nt's Vehicle Infor	mation			[1	Defenda	nt's Driver's License Number	
			Plate Nu (MM/YY)		State	Reg	gistration Sticke	er S	State		
I,											
(Name of Co	mplainant - Please Print or	Type)									
do hereby sta	ate: (check the appr	opriate box)									
1. I accus	e the above named	defendant w	ho lives	at the addr	ess se	t forth ab	oove				
I accus	e the defendant wh	ose name is	unknow	n to me but	who is	describe	ed as				
п.						. ,					
	e the defendant wh ated as John Doe	ose name an	ia popu	iar designati	on or r	ııckname	e is unknow	n to me	e and	whom I have therefo	re
•	the penal laws of th	ne Commonw	vealth o	f Pennsylva	nia at						
							Political Subdivi				
in	County on or about										
	ants were: (if there										
·	•		, ,			, '	J			,	

Defe	endant's Name :		PRIVATE CRIMINA	AL COMPLAINT		
	ket Number :					
2.	The acts committed by the accused were:					
	(Set forth a summary of the facts sufficient to advise the defer more, is not sufficient. In a summary case, you must cite the victim at the time of the offense shall be included. In addition, of an account must be established, list only the last four digits	specific section and subsection social security numbers and fir	of the statute or ordinance allegedly vinancial information (e.g. PINs) should n	olated. The age of the		
	All of which were against the peace and dignity or in violation of	of the Commonwealth	of Pennsylvania and contrary	to the Act of Assembly,		
	of the	(Subsection)				
3.	(PA Statute)  I ask that process be issued and that the defen	dant he required to ans	wer the charges I have made			
4.	I verify that the facts set forth in this complaint a This verification is made subject to the penaltie unsworn falsification to authorities.	are true and correct to t	ne best of my knowledge or in			
	(Date)		(Signature of Complaintant)			
Offic	ce of the Attorney for the Commonwealth	Approved Disappro	oved because:			
	(Name of Attorney for Commonwealth - Please Print or Type)	(Signature of Attorr	ey for Commonwealth)	(Date)		
ANE	NOW, on this date	, I certify that the	complaint has been properly c	ompleted and verified.		

(Issuing Authority)

SEAL

(Magisterial District )