COMMONWEALTH OF PENNSYLVANIA COUNTY OF ADAMS



PRIVATE CRIMINAL COMPLAINT

Mag. Dist. No: MDJ-51-3-01				COMMONWEALTH OF PENNSYLVANIA					
MDJ Name:	Honorable Matthew	Robert Harvey		DEFEND	ANT:	V.	NAME and ADDRESS		
Address:	525 Boyds School R Suite 900 Gettysburg, PA 173			Γ					
Telephone:	717-334-7913								
				<u> </u>	Docket No:			_	
					Case Filed:				
					OTN:				
— Notice: Under Pa	a.R.Crim.P. 506, your	complaint may req	uire approval by the at	torney fo	r the Commonwea	alth before	e it can be		
	• •		y for the Commonwea	-					
petition the Cou	rt of Common Pleas f	or review of the de	cision of the attorney f	or the Co	mmonwealth.				
Fill in as much in	formation as you have) .							
Defendant's	s Race/Ethnicity	Defendant's	Defendant's D.O.B	B Defendant		(also know			
Defendant 3 Nace/Lumicity		Sex	Belefication B.G.B			,4	40,		
☐ White	Black	☐ Male							
Asian	☐ Native American	merican Female Defendant's Veh		nicle Information					
☐ Hispanic	Unknown		Plate Number	State	Registration Stic	ker (MM/Y	Y)		
I,									
(Name of Con	nplainant - Please Print or Type)								
do hereby stat	e: (check the appropri	ate box)							
1. I accuse	e the above named de	fendant who lives a	t the address set forth	above					
_			to me but who is descri						
r accuse	e the defendant whose	rianie is unknown	to the but who is descri	beu as					
			destant description				. 11		
	e the defendant whose Ited as John Doe	name and popular	designation or nicknan	ne is unkr	lown to me and wh	om i nave	e therefore		
· ·		`ammanuaalth of D	annovikranja at						
with violating t	he penal laws of the C	ommonwealth of P	ennsylvania at	(Place	-Political Subdivision)				
					,				
in	County on or about								
Particin	Participants were: (if there were participants, place their names here, repeating the name of the defendant)								
i ditioip	. a. a. parter 10.0. (ii atoro moro parterparter, place atori mantee noro, repeating the name of the deformant)								

Defe	endant's Name :		RIVATE CRIMINAL COMPLAINT		
Dock	ket Number :				
2.	The acts committed by the accused were:				
	(Set forth a summary of the facts sufficient to advise the defendant of more, is not sufficient. In a summary case, you must cite the specific	_			
	All of which were against the peace and dignity of the or in violation ofand	e Commonwealth of Pennsyl	vania and contrary to the Act of Assembly,		
	of the	(Subsection)			
	(PA Statute)				
3.	I ask that process be issued and that the defendant b	e required to answer the cha	arges I have made.		
4.	I verify that the facts set forth in this complaint are true. This verification is made subject to the penalties of S unsworn falsification to authorities.				
5.	I certify that this filing complies with the provisions of of Pennsylvania that require filing confidential inform documents.				
	(Date)	-	(Signature of Complaintant)		
Offic	ee of the Attorney for the Commonwealth A	pproved Disapprove	d because:		
	(Name of Attorney for Commonwealth - Please Print or Type)	(Signature of Attorney	for Commonwealth) (Date)		
AND	NOW, on this date,	I certify that the complaint h	as been properly completed and verified.		

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(Issuing Authority)

(Magisterial District)

SEAL