

CITY OF NILES
PROSECUTING ATTORNEY
PROSECUTOR'S COMPLAINT FORM

1. I am employed by the City of Niles as the Prosecuting Attorney for the Niles Municipal Court on the mornings of Monday, Wednesday, and Friday. I am required to handle the scheduled cases first. The Niles Court handles over 5,000 criminal and traffic cases a year. I hope to be able to get to everyone that is here to see me for other matters, time permitting. I apologize for this inconvenience, but with the limited time I am employed here, there is little more that I can do.
2. Provide the full name, current address with zip code, and Social Security Number and birth date (if available), of the person against whom you wish to file charges.
3. Provide in detail all of the facts concerning the incident that forms the basis of your complaint. If you need more room, use the back of the form. Please do not simply state what you believe the possible charge should be, i.e. "assault". Failure to give sufficient details to allege a crime may result in formal criminal charges not being filed.
4. Provide the exact date, time and location where the event occurred.
5. REGARDING WITNESSES: Please list the name and address of witnesses. Please list only those witnesses that were actually EYE WITNESSES to the incident. If charges are approved and filed, please have your witness provide a written statement as to what they say occur. Please have that statement delivered to the court. Make sure the statement has the name of the defendant written somewhere on the top front of the statement.

Thank You,

Terry A. Swauger, Prosecuting Attorney

_____S _____W

1. YOUR INFORMATION

Name: _____ Phone No.: _____

Address: _____

***If Domestic Violence please include your date of birth and social security no.**

Date of Birth: _____ Social Security Number: _____

2. PERSON YOU WISH TO FILE AGAINST

Name: _____ Phone No.: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

3. The facts upon which I base my complaint are as follows:

4. The date and time the event occurred: _____

The location of the event: _____

5. WITNESSES:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

6. Address: _____

7. NOTICE :

1. Once charges are filed, they may be dismissed only with the consent of both the Court and Prosecuting Attorney.
2. You are filing a criminal charge WITHOUT the advise and consent of an attorney, including the prosecuting attorney. The prosecuting attorney is merely approving the filing of this charge. You further understand that **if the defendant is found innocent of the charge, the defendant could sue you.**

3. There is a \$45 filing fee for each charge filed.

Complainant (person filing the charge)

Complainant's Signature _____

Date _____