

CRIMINAL COMPLAINT

Commonwealth of Virginia

RULES 3A:3 AND 7C:3

General District Court
 Juvenile and Domestic Relations District Court

.....
CITY OR COUNTY

Under penalty of perjury, I, the undersigned Complainant swear or affirm that I have reason to believe that the Accused committed a criminal offense, on or about

..... in the City County Town
DATE OFFENSE OCCURRED

of

I base my belief on the following facts: (Print ALL information clearly.)

CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address/Location

.....
LAST NAME, FIRST NAME, MIDDLE NAME

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		MO.	DAY	YR.	FT.	IN.			
SSN									

Complainant is not a law-enforcement officer or animal control officer. Authorization prior to issuance of felony arrest warrant given by
 Commonwealth's attorney
 Law-enforcement agency having jurisdiction over alleged offense

.....
NAME OF PERSON AUTHORIZING ISSUANCE OF WARRANT

.....
DATE AND TIME AUTHORIZATION GIVEN

.....
The statements above are true and accurate to the best of my knowledge and belief.

In making this complaint, I have read and fully understand the following:

- By swearing to these facts, I agree to appear in court and testify if a warrant or summons is issued.
- The charge in this warrant cannot be dismissed except by the court, even at my request.

.....
NAME OF COMPLAINANT (LAST, FIRST, MIDDLE)
(PRINT CLEARLY)

.....
SIGNATURE OF COMPLAINANT

Subscribed and sworn to before me this day.

.....
DATE AND TIME

.....
 CLERK MAGISTRATE JUDGE