

New Jersey Judiciary Municipal Court of New Jersey



Confidential Domestic Violence Complaint Information Form (Not to be Disclosed)

complaint.						
Your Name (you are the complainant)						
Street Address		City		State	Zip	
Telephone Number		Email Address				
Defendant's Name						
Street Address		City	City		Zip	
Telephone Number (if known) Date of Bit		th (if known)	What is your relationship to the defendant?			
Is the person you are charging an elected public official or a candidate for elected public office? Yes No If yes, provide any information regarding what elected office the person is a candidate for or currently holds						
When did the offense occur?	d the offense occur? Where did the offense occur?					
Is there a domestic violence restraining order in effect?						
In which county was the restraining order obtained?			What is the effective date o	f the restrain	ing order?	
Names and addresses of witnesses (use additional Name			paper if necessary) Address			
For Court Use Only						
Court Administrator/Deputy Initials:			Da	te:		
Corresponding Complaint Numbers:						
(Every request requires the filing of a complaint.)						