

Criminal Complaint Affidavit Form

Affiant Information

Full Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Contact Number: _____

Incident Details

Date of Incident: _____

Time of Incident: _____

Location: _____

Nature of the Incident: _____

Description of Events

I, _____, swear under oath that the following statement is true and accurate to the best of my knowledge:

Involved Parties

Name(s): _____

Address(es): _____

Supporting Evidence

Attached Photographs

Witness Statements

Video/Audio Recordings

Other: _____

Oath and Declaration

I, _____, declare under penalty of perjury that the information provided in this affidavit is true and correct.

Signature of Affiant: _____

Date: _____

Witness Signature: _____

Date: _____