



New Jersey Judiciary
Municipal Court of New Jersey



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

INSTRUCTIONS: Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Your Name (you are the complainant)

Street Address City State Zip

Telephone Number Email Address

Defendant's Name

Street Address City State Zip

Telephone Number (if known) Date of Birth (if known)

What is your relationship to the defendant?

When did the offense occur? Where did the offense occur?

Is there a domestic violence restraining order in effect? Yes No

In which county was the restraining order obtained?

What is the effective date of the restraining order?

Names and addresses of witnesses (use additional paper if necessary)

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____

FOR COURT USE ONLY

Court Administrator/Deputy Initials: _____ Date: _____

Corresponding Complaint #'s _____

(Every request **requires** the filing of a complaint.)