



**WRIGHT COUNTY SHERIFF'S OFFICE
P. O. BOX 250 HARTVILLE MO. 65667
PHONE 417-741-7576
FAX 417-741-6780**

CASE NUMBER: _____

NOTICE TO COMPLAINANTS: IF YOU FILE A COMPLAINT IT IS YOUR DUTY TO APPEAR IN COURT IF NECESSARY. IF YOU DO NOT WANT THE OFFENDER PROSECUTED, DO NOT FILE A COMPLAINT WITH THIS OFFICE. IF CHARGES ARE FIELD ONLY THE PROSECUTING ATTORNEY MAY DISMISS THE CHARGES AT HIS OR HER DISCRETION.

PLEASE PRINT AND ANSWER ALL QUESTIONS POSSIBLE:

YOUR NAME: _____ **PHONE NUMBER:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY NUMBER:** _____

MAILING ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHYSICAL ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

OFFENDERS NAME: _____ **PHONE:** _____ **DATE OF BIRTH:** _____

SOCIAL SECURITY NUMBER: _____ **SEX:** _____ **RACE:** _____ **HEIGHT:** _____ **WEIGHT:** _____

PHYSICAL ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

DESCRIBE VEHICLE, CLOTHING, ETC: _____

DATE OF OFFENSE: _____ **NATURE OF OFFENSE:** _____

LOCATION OF OFFENSE: _____

DESCRIBE ANY INJURIES: _____

DESCRIBE DAMAGE TO PROPERTY OR MONEY LOSS: _____

WERE ANY PHOTOGRAPHS TAKEN? YES NO **WAS MEDICAL ATTENTION RECEIVED? YES NO**

IF YES, WHERE: _____

LIST ALL KNOWN WITNESSES:

NAME: _____ **PHONE:** _____ **ADDRESS:** _____

NAME: _____ **PHONE:** _____ **ADDRESS:** _____

NAME: _____ **PHONE:** _____ **ADDRESS:** _____

NAME OF OFFICER YOU SPOKE WITH ABOUT THIS CASE: _____

I HEREBY CERTIFY THAT THE ABOVE FACTS ARE TRUE. I UNDERSTAND THAT IF CHARGES ARE FIELD I WILL BE EXPECTED TO TESTIFY IN COURT CONCERNING THIS COMPLAINT. I ALSO AGREE TO PAY ANY AND ALL COST INCURRED BY THE STATE IF I FAIL TO COOPERATE IN ANY WAY IN THE PROSECUTION OF THE DEFENDANT.

SIGNATURE: _____ **DATE:** _____ **PAGE 1 OF** _____

