



Municipal Court
P.O. Box 459, Mineral Wells, TX 76068-0459
Telephone: (940) 328-7733 Fax: (940) 328-7732

TO: CITIZEN COMPLAINANT WISHING TO FILE A COMPLAINT AGAINST ANOTHER CITIZEN IN MUNICIPAL COURT

THESE SPECIFIC POINTS ARE UNDERSTOOD AND AGREED TO BY THE UNDERSIGNED:

- 1) The citizen must, in good faith, make full, fair, and honest disclosure of all facts and circumstances known to him/her at the time this application for complaint is filed. The facts, as presented, must be in the form of an affidavit and provided under oath. Said affidavit will form the basis of any further investigation and the charging instrument.
- 2) The citizen-complainant must be sworn and sign both the application for complaint and the complaint (when prepared by the city prosecutor).
- 3) The citizen-complainant must be willing to appear in Court to testify against the defendant if the charges are contested (i.e., the accused pleads not guilty).
- 4) The prosecutor reserves the right to subpoena the presence of the citizen-complainant and enforce the subpoena by ordering a law enforcement officer to bring the citizen-complainant to Court.
- 5) The defendant may file a counter-complaint if the citizen-complainant has also been involved in some illegal activity. Please be advised that any statement made at this time or in the future to a police officer, prosecutor, or other city investigative personnel may be used against you should the counter-complaint go forward to trial. Please be advised that when speaking to the prosecutor, the prosecutor represents the State of Texas, and no attorney-client relationship is established by any communications with regard to the application for the complaint or any matters related thereto.
- 6) Once this complaint is accepted by the prosecutor and filed with the court, only the judge, upon recommendation of the prosecutor, has the authority to dismiss a complaint.

Citizen-Complainant Signature

Printed Name

Date

APPLICATION FOR COMPLAINT

DATE: _____

COMPLAINANT'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (HOME): _____ WORK: _____

NAME OF DEFENDANT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE (HOME): _____ WORK: _____

PLACE OF EMPLOYMENT: _____

DESCRIPTION OF DEFENDANT

RACE: _____ SEX: _____ DATE OF BIRTH: _____

WEIGHT: _____ BODY STYLE: _____ AGE: _____

VEHICLE INFORMATION (IF APPLICABLE)

MODEL: _____ MAKE: _____ YEAR: _____

COLOR: _____ BODY STYLE: _____ SPECIAL FEATURES: _____

LICENSE PLATE: _____ STATE OF REGISTRATION: _____

DATE OF OFFENSE: _____ TIME OF OFFENSE: _____

LOCATION OF OFFENSE: _____

TYPE OF PREMISES: _____

WHAT IS YOUR COMPLAINT? (Describe with as much detail as possible – use as many pages as necessary to fully, fairly, and honestly relate all material facts and circumstances.)

