



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
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Telephone Number ext.	Email Address
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Defendant's Name

Street Address	City	State	Zip
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Telephone Number (if known) ext.	Date of Birth (if known)	What is your relationship to the defendant?
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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?	Where did the offense occur?
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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 Numbers: _____

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