

**HART COUNTY ATTORNEY COMPLAINT INFORMATION SHEET**

**SECTION I YOUR INFORMATION AS PLAINTIFF:**

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**SECTION II PERSON YOU ARE SEEKING CHARGES AGAINST:**

Their Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Their detailed Description:**

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
SS# \_\_\_\_\_ DL# \_\_\_\_\_ Other identifying marks (tattoos, etc.) \_\_\_\_\_  
Relationship to you, if any: \_\_\_\_\_

**SECTION III INCIDENT REPORT**

Give a brief description of the incident, including the date, time, and place it occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did a Police Officer investigate? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Do you have an Emergency Protective Order or D.V.O. in effect against this person? \_\_\_\_\_ (yes or no)

Was property damaged? \_\_\_\_\_ If yes, what is the amount of property damaged? \_\_\_\_\_

Was there bodily harm as a result of this incident? \_\_\_\_\_ If yes, list here: \_\_\_\_\_

Describe all injuries and/ or damages (include costs, bills, and/or repairs) \_\_\_\_\_

**Please list all witnesses to this incident**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION IV ACTION REQUESTED**

I hereby request the following:

(Initial all that you are requesting)

\_\_\_\_\_ To report only \_\_\_\_\_ Defendant to stay away \_\_\_\_\_ Request Restitution \_\_\_\_\_ Letter sent by HCA  
\_\_\_\_\_ Issue Summons \_\_\_\_\_ Issue Warrant \_\_\_\_\_ Other \_\_\_\_\_

I, \_\_\_\_\_, have read this complaint sheet and understand the complaint process as set out by the Hart County Attorney and District Court. I have accurately explained my complaint in this document. I realize once I agree to these charges or actions taken that these charges will NOT be dropped. I also understand that if I am not willing to testify at trial that the charges may be dismissed.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

<b>SECTION V HCA ACTION APPROVAL</b>	
_____ Prepare Letter	( ) _____
_____ Prepare Summons	Returned Call: _____
_____ Prepare Warrant	Left V-mail: _____
_____ File no action at this time	No V-mail: _____
	V-mail full: _____
Charges: _____	
Reviewed by: _____	Date: _____

**HART COUNTY ATTORNEY**  
**HOURS: MONDAY THRU FRIDAY**  
**8:00 A.M. - 4:00 P.M.**

1. The person against whom you are making the complaint must be 18 years old or older.
2. The offense must have occurred in HART COUNTY.
3. You may be asked for identification: Driver's License, ID, etc.
4. You **MUST** be able to provide the full name, address, and relationship to the individual(s) you wish to file against and any witnesses of the incident.
5. If your complaint goes to court, **IT WILL NOT BE DROPPED** for any reason and failure on your part to appear in court may result in the charges being dismissed.
6. No information will be given out about the complaint over the telephone. You will have to call the Hart County District Court Clerk's Office at (270)-524-5181 for times and dates of court.
7. Should you change your address before your court date, it is **YOUR** responsibility to notify the court of the change. Failure to do so may result in dismissal of your case.

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT AND HEREBY SWEAR AND AFFIRM THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE: False statements are punishable by KRS 523.020 by one to five years of imprisonment.**

**SEE OTHER SIDE**