COLUMBUS CITY ATTORNEY ZACH KLEIN

AFFIDAVIT / INTAKE COMPLAINT FORM

DATE

COMPLAINT NO. _____

• THE VICTIM INTERVIEW AND ALL WITNESS STATEMENTS RELATED TO THIS COMPLAINT WILL BE AUDIO RECORDED •

YOUR INFORMATION:				
Last Name	First Name	Middle Name		
Social Security Number	Date of Birth	Race	Sex	
Street Address	Zip Code	City	State	
Employer	Work Phone No.	Home Phone No.	Cell Phone No.	

INFORMATION FOR PERSON AGAINST WHOM YOU ARE FILING A COMPLAINT:

Last Name		First Name	Middle Name		
Social Security	Number	Date of Birth	Race	Sex	
Street Address		Zip Code	City	State	
Height	Weight	Eyes	Hair Marks/Tattoos		
Employer		Work Phone N	No. Home Pho	one No. Cell Phone No.	
Child's Name Child's Name		Date of Birth Date of Birth	Child's Name Child's Name	Date of Birth Date of Birth	
	DELATIONS			Date of Binf RE FILING AGAINST?	
 Parent/Child Spouse/Ex-Spo Relative 	buse	Boyfriend/Girlfriend	or Ex-Boyfriend/G th him/her within the	iirlfriend (<i>If so, answer below</i>) e past 5 years? YES NO	
		INCIDENT OCCOR:			
Date	Time	Address		Zip Code	

DID THE POLICE RESPOND? Name of Police Dept: _____

Report Number:

Was anyone, including yourself, arrested out of the incident:
YES NO

PRIMARY ALLEGATION:				
Domestic Violence / Assault (if	so, answer below)	Theft of Property	(if so, answer below)	
1. Do you have visible injuries?		1. Are you the owner of	the property? \Box Y	ES 🗆 NO
2. Did you receive medical treatment	? □ YES □ NO	2. Is value of the proper	ty less than \$1000? \Box Y	ES 🗆 NO
Threat(s) to Harm	Damage to Property Telecommunications Harassment			
Violation of Protection Order	□ Other			
ARE THERE WITNESSESS TO 7	THE INCIDENT?			C
Witness Name	Address		Phone Number	
Witness Name	Address		Phone Number	
Witness Name	Address		Phone Number	
NOTARIZATION (TO BE COM NOTE: Falsification is a 1st degree STATE OF OHIO / COUNTY OF FRA	<i>misdemeanor – maximum</i> NKLIN	n penalty is \$1,000 fine	and/or 180 days jail. O	RC § 2921.13
I,, k best of my belief and/or knowledge.	knowingly swear or affirm th	at all of the information o	contained in this docume	nt is true to the
Signature of Affiant:		Date of Signing:		
This document was knowingly sworn t Date:	o/affirmed and signed in fro	ont of me on:		
Municipal Court Deputy Clerk / Notary	Printed Name:			
Municipal Court Deputy Clerk / Notary	Signature:			

If Notary, Commission Expiration Date:

IF APPLICABLE, NOTARIAL SEAL HERE: