

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:

_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
_____	_____	_____	_____
<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Race</i>	<i>Sex</i>
_____	_____	_____	_____
<i>Street Address</i>	<i>Zip Code</i>	<i>City</i>	<i>State</i>
_____	_____	_____	_____
<i>Employer</i>	<i>Work Phone No.</i>	<i>Home Phone No.</i>	<i>Cell Phone No.</i>

INFORMATION FOR PERSON AGAINST WHOM YOU ARE FILING A COMPLAINT:

_____	_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>		
_____	_____	_____	_____	_____
<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Race</i>	<i>Sex</i>	
_____	_____	_____	_____	_____
<i>Street Address</i>	<i>Zip Code</i>	<i>City</i>	<i>State</i>	
_____	_____	_____	_____	_____
<i>Height</i>	<i>Weight</i>	<i>Eyes</i>	<i>Hair</i>	<i>Marks/Tattoos</i>
_____	_____	_____	_____	_____
<i>Employer</i>	<i>Work Phone No.</i>	<i>Home Phone No.</i>	<i>Cell Phone No.</i>	

DO YOU HAVE CHILDREN WITH THE PERSON YOU ARE FILING AGAINST? YES NO

_____	_____	_____	_____
<i>Child's Name</i>	<i>Date of Birth</i>	<i>Child's Name</i>	<i>Date of Birth</i>
_____	_____	_____	_____
<i>Child's Name</i>	<i>Date of Birth</i>	<i>Child's Name</i>	<i>Date of Birth</i>

WHAT IS YOUR RELATIONSHIP WITH THE PERSON WHOM YOU ARE FILING AGAINST?

Parent/Child Boyfriend/Girlfriend or Ex-Boyfriend/Girlfriend (If so, answer below)

Spouse/Ex-Spouse Have you lived with him/her within the past 5 years? YES NO

Relative Other _____

WHEN AND WHERE DID THE INCIDENT OCCUR?

<i>Date</i>	<i>Time</i>	<i>Address</i>	<i>Zip Code</i>
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DID THE POLICE RESPOND? YES NO

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? YES NO 1. Are you the owner of the property? YES NO
- 2. Did you receive medical treatment? YES NO 2. Is value of the property less than \$1000? YES NO
- Threat(s) to Harm Damage to Property Telecommunications Harassment
- Violation of Protection Order Other _____

ARE THERE WITNESSES TO THE INCIDENT? YES NO

Witness Name Address Phone Number

Witness Name Address Phone Number

Witness Name Address Phone Number

STATEMENT OF FACTS (WHAT SPECIFICALLY DID THE OTHER PERSON DO?):

NOTARIZATION (TO BE COMPLETED WITH OFFICE PERSONNEL – DO NOT SIGN IN ADVANCE)

NOTE: Falsification is a 1st degree misdemeanor – maximum penalty is \$1,000 fine and/or 180 days jail. ORC § 2921.13

STATE OF OHIO / COUNTY OF FRANKLIN

I, _____, knowingly swear or affirm that all of the information contained in this document is true to the best of my belief and/or knowledge.

Signature of Affiant: _____ Date of Signing: _____

This document was knowingly sworn to/affirmed and signed in front of me on:

Date: _____

Municipal Court Deputy Clerk / Notary Printed Name: _____

Municipal Court Deputy Clerk / Notary Signature: _____

If Notary, Commission Expiration Date: _____

IF APPLICABLE, NOTARIAL SEAL HERE: