| County of:                   |                            |                      | INDIRECT CR       | IMINAL CONTEMI | PT |
|------------------------------|----------------------------|----------------------|-------------------|----------------|----|
| Commonwealth of Pennsylvania |                            |                      | PRIVATE COMPLAINT |                |    |
| OR                           |                            |                      |                   |                |    |
| Plaintiff                    |                            |                      |                   |                |    |
|                              |                            |                      | Docket No         |                |    |
| VS.                          |                            |                      | Reference Numb    | er:            |    |
| Defendant                    |                            |                      |                   |                |    |
| First Middle                 | Last Suffix                | (Jr., Sr., etc.)     |                   |                |    |
| Address                      |                            |                      |                   |                |    |
| City                         | State                      | Zip Code             |                   |                |    |
| Enter the Magiste  First     | rial District Judg  Middle | e information:  Last | Suffix (Jr.,      | Sr., etc.)     |    |
| Address                      |                            | City                 | State             | Zip Code       |    |
| Magisterial Distri           | ct Judge Informa           | tion:                |                   |                |    |
| Docket Number:               |                            | OTN:                 |                   | Date Filed On: |    |
| 1. Defendant In              | formation:                 |                      |                   |                |    |
| First Mic                    | ddle Last                  | Suffix (Jr., Sr., o  | etc.)             |                |    |
| Address                      |                            |                      |                   |                |    |
| City                         | State                      | Zip Co               | de                |                |    |

| Defendant:  |                         |         |
|---|-------------------------|---------|
| Sex: Date   | of Birth:               | Race:   |
| Defendant's Social Security Number                        | er (if known)           | <u></u> |
| Defendant's State Identification Nu                       | mber:                   |         |
| Defendant's Driver's License Number                       | ber:                    | State:  |
|   |                         |         |
| Defendant's Vehicle Information:                          |                         |         |
|   |                         |         |
|   | Registration Sticker (1 | mm/yy): |
| Complaint/Incident Number:                                |                         |         |
| Complaint/Incident Number if other                        | r participants:         |         |
| UCR/NIBRS Code:   |                         |         |
| Defendant's Alias:  |                         |         |
| 2. District Attorney's Office                             |                         |         |
| Approved  |                         |         |
| Disapproved because:                                      |                         |         |
|   |                         |         |
|   |                         |         |
|   |                         |         |
|   |                         |         |
|   | Attorney Signature: _   |         |
| Date signed:  | Attorney Name:          |         |
| Affiant has the right to initiate a rev (Pa.R.Crim.P.506) |                         |         |

## 3. Affiant's Information I, \_\_\_\_\_, plaintiff in the above captioned matter do hereby state: AND NOW, to wit, this it is ORDERED and DECREED that: 1. \_\_\_\_\_ I accuse the above defendant, who lives at the address set forth above OR with violating the penal laws of the Commonwealth of Pennsylvania at Place-Political Subdivision On or about \_\_\_\_\_ at or about \_\_\_\_\_ OR \_\_\_\_At or about \_\_\_\_\_ (any other date/time description) 2. \_\_\_\_\_ The acts committed by the accused which constitutes indirect criminal contempt were: (set forth a summary of the facts to advise the defendant of the nature of the offenses charged.) (Attach additional pages if necessary) All of which is in violation of Title of the Order Docket Number County State Entered \_\_\_\_\_\_ by \_\_\_\_\_ Plaintiff:

Last Name

Suffix (Jr., Sr., etc.)

Middle Name

First Name

| Has the Order been modifie  | d or extended, or withdrawn?      |   |
|---|-----------------------------------|---|
|   |                                   |   |
|   |                                   |   |
|   |                                   |   |
| All of which were against the                                       | ne peace and dignity of the Con   | nmonwealth of Pennsylvania and  |
| contrary to the Act of Asser  | mbly, or in violation of          |   |
| 23 Pa. C.S.§ 6101 e   | et seq.                           |   |
| (Section Subsection   | ction of the PA Statute)          |   |
| Number of Count(s)  |                                   |   |
| Companion crimina   | al charges related to this matter | have been filed, namely   |
| 3 I ask that an arrest the charges I have made.                     | warrant be issued and that the    | defendant be required to answer   |
| my knowledge or information   |                                   | re true and correct to the best of is made subject to the penalties uthorities. |
| Name of Affiant   |                                   | <br>Date  |
|   |                                   |   |
| nd now, on this date  |                                   |   |
| ertify that the complaint has been use must be completed in order f |                                   | ed. An Affidavit of Probable  |
|   |                                   |   |
| gisterial District  | Issuing Authority                 | SEAL  |