

# CITY OF SANGER MUNICIPAL COURT

301 Bolivar Street / P.O. Box 578 / Sanger, Texas 76266 / 940.458.7131



TO: CITIZEN COMPLAINANT WISHING TO FILE A COMPLAINT AGAINST ANOTHER CITIZEN

THESE SPECIFIC POINTS ARE UNDERSTOOD BY THE UNDERSIGNED:

1. The citizen must, in good faith, make full, fair and honest disclosure of all facts and circumstances known to him/her at the time the complaint is filed. The facts, as presented, must be in the form of an affidavit and provided under oath. Said affidavit will form the basis of any further investigation and the charging instrument.
2. The citizen-complainant must be sworn and have signed both the Application for Complaint and the complaint (when prepared by the city prosecutor).
3. The citizen-complainant must appear in court to testify against the defendant if the charges are contested (the accused pleads not guilty).
4. If the defendant is found guilty, he/she may appeal the case to the Denton County Court.
5. The defendant may file a counter complaint if the citizen-complainant has also been involved in some illegal activity. Please be advised that any statement made at this time or in the future to a police officer, prosecutor or other city investigative personnel may be used against you should the counter-complaint go forward to trial. Please be advised that when speaking to the prosecutor, that the prosecutor represents the state and no attorney-client relationship is established by any communications with regard to the application for the complaint or any matters related thereto.
6. Once a complaint is filed, only the municipal court judge, upon recommendation of the prosecutor, has the authority to dismiss a complaint.
7. The prosecutor reserves the right to subpoena the presence of the citizen-complainant and enforce the subpoena by ordering a police officer to bring the citizen-complainant to court.

\_\_\_\_\_  
CITIZEN-COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE

**APPLICATION FOR COMPLAINT**

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

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_

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NAME OF DEFENDANT: \_\_\_\_\_

ADDRESS (HOME): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_

**DESCRIPTION OF DEFENDANT:**

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ AGE: \_\_\_\_\_

**VEHICLE INFORMATION (IF APPLICABLE):**

COLOR: \_\_\_\_\_ YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_

MAKE: \_\_\_\_\_ BODY STYLE: \_\_\_\_\_ LICENSE PLATE: \_\_\_\_\_

STATE OF REGISTRATION: \_\_\_\_\_

**DATE OF OFFENSE:** \_\_\_\_\_ **TIME OF OFFENSE:** \_\_\_\_\_

**LOCATION OF OFFENSE:** \_\_\_\_\_

**TYPE OF PREMISES:** \_\_\_\_\_



**LIST OF WITNESSES:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE (CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_

I swear that the statements made herein are within my personal knowledge true and correct.

\_\_\_\_\_  
CITIZEN COMPLAINANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CLERK OF THE COURT / NOTARY

\_\_\_\_\_  
FILING DATE

**DO NOT WRITE BELOW THIS LINE**

REVIEWED BY CITY PROSECUTOR ON: \_\_\_\_\_

RECOMMENDATION:    \_\_\_\_\_ SUFFICIENT EVIDENCE TO PROCEED

                          \_\_\_\_\_ INSUFFICIENT EVIDENCE, RECOMMEND DISMISSAL