

**AFFIDAVIT for CRIMINAL SUMMONS**

Your Name: \_\_\_\_\_

Your Residence Address: \_\_\_\_\_

Your Home Phone: \_\_\_\_\_ Your Work Phone: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_

Defendant's Address: \_\_\_\_\_

Defendant's Home Phone: \_\_\_\_\_ Defendant's Work Phone: \_\_\_\_\_

What is your relationship with Defendant? \_\_\_\_\_

Describe the incident telling **WHERE, WHEN, HOW, WHAT** happened. Describe in sufficient detail the identity of the defendant, the force used, etc. **PRINT** your response.

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

**WITNESS:** \_\_\_\_\_

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

**Location of Incident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned, swear these facts are true and correct and ask that criminal charges be filed.

\_\_\_\_\_

Signature

State of Arkansas \_\_\_\_\_

County of \_\_\_\_\_

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**APPOINTMENT DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**DEPUTY PROSECUTING ATTORNEY:** \_\_\_\_\_