

AFFIDAVIT for CRIMINAL SUMMONS

Your Name: _____

Your Resident 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: _____