Ridgefield Police Department
PO Box 546, Ridgefield, WA 98642
360 887-3556

STATE OF WASHINGTON

Case No. _____
County of Clark

Affidavit of Complaint

Primary Complainant:

Name: _____

Date of Birth: _____

Address:_____

_____

Phone: _____

2nd Phone: _____

Work Info: _____

Defendant or Suspect:

Name: _____

Date of Birth: _____

Address:_____

_____

Phone: _____

2nd Phone: _____

Work Info: _____

Witnesses:

Name: _____
Date of Birth: _____
Address: _____
_____
Phone(s): _____

Name: _____
Date of Birth: _____
Address: _____
_____
Phone(s): _____

Additional Suspects/Persons:

Name: _____
Date of Birth: _____
Address: _____
_____
Phone(s): _____

Name: _____
Date of Birth: _____
Address: _____
_____
Phone(s): _____

The complainant does/does not (**circle one and initial** _____) wish to disclose the nature of this complaint under Public Disclosure Law.

I, the undersigned complainant, understand that I have the choice of complaining to a prosecuting attorney rather than signing this affidavit. I elect to use this method to initiate an investigation into criminal proceedings. I understand that the following are some, but not all of the consequences of my signing a criminal complaint: *1. The suspect/defendant may be arrested and placed into custody; 2. The arrest, if proven false, may result in a lawsuit against me; 3. If I have sworn falsely, I may be prosecuted for perjury and/or filing a false police report; 4. This charge will be prosecuted even though I might later change my mind; and 5. Any witnesses, as well as myself, will be required to appear in court on the trial date, regardless of inconvenience, school, work, etc.*

Under the law of perjury, in the State of Washington, I declare that the following statement is an accurate, true and correct account of the events that led me to filing this affidavit. I HAVE/ HAVE NOT (Circle one) consulted with the prosecuting authority concerning this matter.

On the _____________ day of ________________________, 20_ _, at approximately __________
Date of Month Month year Time

AM/PM, at the location of ____;

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____sign next page

_____ Can attach additional pages

Signed: _____ Date: _____