

OFFICE OF THE

BERKS COUNTY DISTRICT ATTORNEY

633 COURT STREET READING, PENNSYLVANIA 19601-4317 TELEPHONE: 610-478-6000

Application for Private Prosecution

INSTRUCTIONS: Please complete the entire application. In the area entitled "Statement of Personal Observations", please describe in full detail the nature of your complaint. If you have any witnesses, they must also complete and sign the application. The application process takes approximately 2-3 weeks. Your application will be assigned to an assistant district attorney so that they may determine its prosecutorial merit.

prosecutorial merit.	* *			
		Applican	t .	
Name:				
Address:				
City:		State:	Zip Code:	
Phone: (Home):	- Control of the Cont		(Work#):	
		Accused		
Name:				•
Address:				
City:	· · · · · · · · · · · · · · · · · · ·	State:	Zip Code:	
Phone: (Home):			(Work#):	
Employment:		Add	iress:	
,		Offense		
Date Occurred:		Time (Occurred:	
Did you contact the police?				
If so, which police departme	nt & who did you	talk to?:		

Witness No. 1 (Person filing complaint)

Name:	Phone (H):	(W):	
Statement of PERSONAL OBSERVATION			
		-	
	TOTAL		
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False statements are subject to a two (2)			~ •
year imprisonment and/or a \$5,000.00 fine for violation of Unsworn Falsification to	Signature of Witness		
authorities. 18 Pa.C.S.A. §4904.			•
	Witness No. 2		
Name:	_ Phone (H):	(W):	
Statement of PERSONAL OBSERVATION			
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False statements are subject to a two (2) year jail imprisonment and/or a \$5,000.00 fine for violation of Unsworn Falsification to authorities. 18 Pa.C.S.A. §4904.	Signature of Witne	
NCOCKEC PROVINCES CONTROL OF THE ST. SECTION OF THE ST. COMMUNICATION O	Witness No. 3	
Name:	Phone (H):	(W):
Statement of PERSONAL OBSERVATIONS:		
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	•	
False statements are subject to a two (2)		
year jail imprisonment and/or a \$5,000.00 fine for violation of Unsworn Falsification	Signature of Witness	;
to authorities. 18 Pa.C.S.A. §4904.	3	·