

COPY

AFFIDAVIT FOR CRIMINAL SUMMONS

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

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

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DEFENDANT'S NAME: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

YOUR RELATIONSHIP WITH DEFENDANT: \_\_\_\_\_

WHAT HAPPENED BASICALLY? DESCRIBE WHERE, WHEN, HOW, INCIDENT HAPPENED. DESCRIBE IN SUFFICIENT DETAIL THE IDENTITY OF 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 CHARGED 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: \_\_\_\_\_