

CITY OF LIMA - PROSECUTORS' OFFICE - INTAKE FORM

Attorney-Client Work Product
Complaint:

For Office Use Only:

TODAY'S DATE: _____

INTAKE #: _____

COMPLAINANT - (YOUR INFO HERE)

Name _____ DOB _____ SSN _____
Street Address _____ Phone _____ Home Cell Work
City/State _____ Phone _____ Cell Work Other
Zip Code _____ County _____ Email _____

Please provide as much detail as you can to the following questions.

Please understand that the Prosecutor represents the State of Ohio. The Prosecutor does not represent you and is not your lawyer. If you would like representation it is suggested that you contact an attorney for advice.

Please complete the form and return it to the Prosecutor's Office. When you complete the form the prosecutor will review it. A decision to prosecute rests with the prosecutor and depends on the information you provide and on the evidence available. The prosecutor's office can authorize criminal charges only where there is legally sufficient evidence to demonstrate that a crime was committed by the person or persons accused.

FILING REQUIREMENTS:

1. This complaint form **must** be signed and notarized at the end.
2. Witness statements **must** be provided at the time of filing.
3. Medical bills and damage estimates **must** be provided by the first pretrial.
4. Description of defendant **must** be given.
5. The social security number and/or date of birth **must** be provided.

KNOWINGLY MAKING A FALSE STATEMENT SUBJECTS YOU TO CRIMINAL ACTION. FALSIFICATION IS A MISDEMEANOR OF THE FIRST DEGREE AND IS PUNISHABLE BY A MAXIMUM SENTENCE OF \$1000 FINE AND/OR 180 DAYS IN JAIL. OHIO REVISED CODE 2921.13.

WHAT WOULD YOU LIKE TO HAVE HAPPEN TODAY? (CHECK AND INITIAL ONE)

	<u>Initial Below</u>		<u>Initial Below</u>
<input type="checkbox"/> Evaluate for Criminal Charges	_____	<input type="checkbox"/> Complaint only - Kept on File	_____
<input type="checkbox"/> Mediation	_____	<input type="checkbox"/> Protection Order Referral	_____
<input type="checkbox"/> Warning Letter	_____		

FACTS OF THE INCIDENT

Date of Incident: _____ Time of Incident: _____ a.m. _____ p.m.

Location of Incident: _____

Did You File a Police Report? Yes No Police Report or Agency Case # _____

SUSPECT - (person whom you are filing a complaint on)

Name: _____ DOB _____ SSN: _____
Street Address _____ Phone _____ Home Cell Work
City/State _____ Phone _____ Cell Work Other
Zip Code/County _____ Email: _____

DO YOU HAVE CHILDREN WITH THE PERSON YOU ARE FILING AGAINST? Yes No

Are You Currently Pregnant? Yes No **Does the Person You Are Filing Against Know You Are Pregnant? Yes No**

If YES, enter the information below:

Child's Name: _____ DOB _____ SSN: _____

Child's Name: _____ DOB _____ SSN: _____

Child's Name: _____ DOB _____ SSN: _____

Child's Name: _____ DOB _____ SSN: _____

WHAT IS YOUR RELATIONSHIP WITH THE PERSON WHOM YOU ARE FILING AGAINST?

- Parent/child Boyfriend/Girlfriend or Ex-Boyfriend/Ex-Girlfriend (If so, answer below)
 Spouse/Ex-Spouse Have you lived with him/her within the past 5 years? Yes No
 Relative None/Other _____

DID ANY OF THE FOLLOWING TAKE PLACE DURING THE INCIDENT?

- Assault** Yes No **Property Stolen** **Property Damaged** (if so, answer below)
1. Do you have visible injuries? Yes No 1. Are you the owner of the property? Yes No
2. Did you receive medical treatment? Yes No 2. Is the value of the property less than \$1000? Yes No
If yes, where? _____ **Threats of Harm** Yes No
 Were weapons used? Yes No If so, what weapon was used and by whom? _____

Were photographs taken? Yes No If so, who took photos? _____

WITNESSES

Please Only List People Who Were Present During this Incident. Do Not Include Yourself or the Suspect in this List.

Name: _____ DOB _____ SSN: _____
Street Address _____ Phone _____ Home Cell Work
City/State/Zip/ County _____ Phone _____ Cell Work Other
How do you know this witness? _____

Name: _____ DOB _____ SSN: _____
Street Address _____ Phone _____ Home Cell Work
City/State/Zip/ County _____ Phone _____ Cell Work Other
How do you know this witness? _____

Name: _____ DOB _____ SSN: _____
Street Address _____ Phone _____ Home Cell Work
City/State/Zip/ County _____ Phone _____ Cell Work Other
How do you know this witness? _____