



### COMPLAINT INFORMATION FORM

Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Defendant's Name: ~~SB~~ BERNADETTE WALES

Defendant's Address: [REDACTED]

Defendant's Phone # (if known): \_\_\_\_\_

Defendant's Date of Birth (if known): \_\_\_\_\_

Defendant's Driver's License # (if known): \_\_\_\_\_ State \_\_\_\_\_

If this is a motor vehicle complaint, list license plate # of other vehicle: \_\_\_\_\_ State \_\_\_\_\_

Description of vehicle (if known): \_\_\_\_\_

Names and addresses of witnesses (use additional paper if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Your Name (you are the complainant): JOSEPH SCURESE

Your Address: [REDACTED]

Your Telephone #: [REDACTED] E-mail: \_\_\_\_\_

#### FOR COURT USE ONLY

Court Administrator/Deputy Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Corresponding complaint #'s: \_\_\_\_\_

(Every request requires the filing of a complaint.)

November 2010

*Medeato*  
*Jan 7/24/12*