

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRlich ADDRESS 713 E LIBERTY ST.
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 534-2949 (B30)

I reside in Trumbull County and wish to file and Affidavit against the following person's

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) L.P.H FFF 7189 *Comings*

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) _____

THE FACTS ON WHICH I BASE MY COMPLAINT ARE AS FOLLOWS (include dates, times, places)

REPEAT OFFENDER HORN BLOWING

5-7-10 11:58:53 AM

Witness 1 Audio Video Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 _____ Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

If I discover more witnesses, I must immediately notify the Girard City Prosecutor. I understand that I cannot withdraw or dismiss a Complaint without appearing in Court before the Judge. Finally, if I failed to appear in Court to testify, I can be arrested and the case can be dismissed.

Date _____ Complainant _____

Sworn to and subscribed in my presence on _____ 20 _____

Deputy Clerk _____

GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE
AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRlich ADDRESS 713 E LIBERTY ST.
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) 534-2949 (330)

I reside in TRUMBULL County and wish to file an Affidavit against the following person/s
NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) L.P.# EEF 7189 GRAY CHEVY
NAME _____ ADDRESS PICKUP
CITY _____ STATE _____ ZIP _____ PH # (HOME) _____

Additional description if known (DOB, SSN, etc.) _____

THE FACTS ON WHICH I BASE MY COMPLAINT ARE AS FOLLOWS (Include dates, times, places)

HORN Blowing

Witness 1 A. Did Vidio Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 _____ Address _____
City _____ State _____ Zip _____ Phone _____ (H, W)

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Date _____ Complainant _____

Sworn to and subscribed in my presence on _____, 20 _____

Deputy Clerk _____