

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 and Affidavit against the following person
NAME CROSS CLEMENTE ADDRESS 723 E LIBERTY ST.
CITY _____ STATE _____ ZIP _____ PH # HOME _____

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

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

5-3-10 AT 10:27:05 PM

Witness 1 AUDIO 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

I reside in Trousdale County and wish to file and Affidavit against the following person s
NAME CRISS CLEMENTE ADDRESS 723 E LIBERTY ST
CITY HUBBARD STATE OH ZIP 44425 PH # (HOME) _____

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

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)

CRISS CLEMENTE HAS BEN WARNED BY HUBBARD
POLICE ABOUT HORN BLOWING ON OR AROUND PROPERTY
HER BOY FRIEND SAT IN CAR TALKING TO CRISS
CLEMENTE, SAW ME IN WINDOW & BLEW HIS
HORN.

I WITNESSED THIS RICK KRLICH

Witness 1 AUDIO, 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 _____

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