



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 # 534-2949 TR 30

reside in Trumbull County, and I wish to file and Affidavit against the following person  
NAME LAUREN MILLER ADDRESS 3665 CRIST ST  
CITY HUBBARD STATE OH ZIP 44425 PH # 534-2949

Additional description (known DOB SSN etc) DOB 11-15-60 2DR HUBBARD OH

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PH # \_\_\_\_\_

Additional description (known DOB SSN etc) \_\_\_\_\_

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

FILED - MILLER LAUREN OR AS LAUREN MILLER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness 1 AUDIE WIDIS 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. If I fail 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 \_\_\_\_\_

Deputy Clerk \_\_\_\_\_

# GIRARD MUNICIPAL COURT, PROSECUTOR'S OFFICE

## AFFIDAVIT OF CITIZEN/COMPLAINANT

NAME RICK KRUCH ADDRESS 713 E LIBERTY ST.  
CITY HUBBARD STATE OH ZIP 44425 PH # HOME 534-2949 7330

I reside in Trumbull County and wish to file an Affidavit against the following persons  
NAME LP# EFD-6291 ADDRESS CREEK 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)

SILVER 2DR LUNDI Blows - gets AT CHILD'S POL  
DAY & NITE AT MY HOME 5 SEPARATE TIMES

Witness 1 \_\_\_\_\_ 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 \_\_\_\_\_ 29 \_\_\_\_\_

Deputy Clerk \_\_\_\_\_