

R. KELICH

3305457845

GIRARD COURT

PAGE 01 of 01

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

Z

KELICH

ADDRESS 713 E LIBERTY ST.

CITY COLUMBUS, OH

STATE OH ZIP 44425 PH # (HOME) 534-2949 (330)

I reside in TRUMBULL County and wish to file and Affidavit against the following person/s:

NAME NICK BRUCE

ADDRESS 3141 Potomac WHEELER RD

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)

REPEAT OFFENDER

Witness 1 ADDIS VIDIS 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 _____

FILED
SEP 29 2009
Girard Municipal Court

James A. Newby
Complainant

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

Joanne
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 RYAN HAMRAEK ADDRESS 7099 WHITE OAK
CITY HUBBARD STATE OH ZIP 44425 PH # HOME 534-1703

Additional description if known (DOB, SSN, etc) DRIVER L# TC 321883

NAME NICK BRUCE ADDRESS 3141 POTHAVR WHEELER RD
CITY HUBBARD STATE OH ZIP 44425 PH # HOME _____

Additional description if known (DOB, SSN, etc) DRIVER L# TM 791795

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

Horn Blowing

Witness 1 AUDIO, VIDEO, POLICE REPORT Address _____

City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 FOLLOWED POS I.D. 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 presence on _____ 29

FILED
SEP 29 2010
Girard Municipal Court

George
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 JOSH WILSON ADDRESS 3309 FRANKLIN AV
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)

JOSH WILSON CONTINUES TO HARASS MY WIFE & I
EVEN AFTER HIS DISORDERLY CONDUCT CHARGE
BY HIS OWN ADMISSION COURT CASE # CV 01811
SEE COURT DOCKET

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 _____

Rick Krlich
Complainant

Sworn to and subscribed in presence on _____

FILED
SEP 29 2009
Girard Municipal Court

Joyce
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 and Affidavit against the following person's
NAME TRINA MILLER ADDRESS 3665 CREEK ST
CITY HUBBARD STATE OH ZIP 44425 PH # HOME _____

Additional description if known (DOB, SSN, etc) LP# HELP ME

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

Witness 1 Justin Williams Address _____

City _____ State _____ Zip _____ Phone _____ (H, W)

Witness 1 _____ Address _____

City _____ State _____ Zip _____ Phone _____ (H, W)

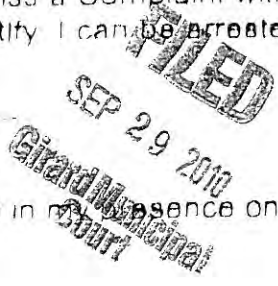
If I discover more witnesses, I must immediately notify the Girard City Prosecutor. I understand that I cannot withdraw or dismiss a Complaint without appearing in Court before the Judge. Finally, if I failed to appear in Court to testify, I can be arrested and the case can be dismissed.

Date _____

Gene A. Smith
Complainant

Sworn to and subscribed in my presence on _____ 20____

James
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 LAUREN MILLER ADDRESS 3665 CREEK ST
CITY HUBBARD STATE OH ZIP 44425 PH # HOME _____

Additional description if known (DOB, SSN, etc) LP# EPD-6091 ZDR HUNDI SILVER

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)

REPORT OFFENDER LAUREN OR ASHLEY MILLER

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 _____ **FILED** SEP 29 2010 [Signature] Complainant
Girard Municipal Court

Sworn to and subscribed in my presence on _____ 20 _____

[Signature]
Deputy Clerk