

**COLUMBUS CITY ATTORNEY ZACH KLEIN**

**AFFIDAVIT / INTAKE COMPLAINT FORM**

DATE \_\_\_\_\_

COMPLAINT NO. \_\_\_\_\_

▪ THE VICTIM INTERVIEW AND ALL WITNESS STATEMENTS RELATED TO THIS COMPLAINT WILL BE AUDIO RECORDED ▪

**YOUR INFORMATION:**

_____	_____	_____	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
_____	_____	_____	_____
<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Race</i>	<i>Sex</i>
_____	_____	_____	_____
<i>Street Address</i>	<i>Zip Code</i>	<i>City</i>	<i>State</i>
_____	_____	_____	_____
<i>Employer</i>	<i>Work Phone No.</i>	<i>Home Phone No.</i>	<i>Cell Phone No.</i>

**INFORMATION FOR PERSON AGAINST WHOM YOU ARE FILING A COMPLAINT:**

_____	_____	_____	
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
_____	_____	_____	_____
<i>Social Security Number</i>	<i>Date of Birth</i>	<i>Race</i>	<i>Sex</i>
_____	_____	_____	_____
<i>Street Address</i>	<i>Zip Code</i>	<i>City</i>	<i>State</i>
_____	_____	_____	_____
<i>Height</i>	<i>Weight</i>	<i>Eyes</i>	<i>Hair</i>
_____	_____	_____	_____
<i>Employer</i>	<i>Work Phone No.</i>	<i>Home Phone No.</i>	<i>Cell Phone No.</i>

**DO YOU HAVE CHILDREN WITH THE PERSON YOU ARE FILING AGAINST?**  YES  NO

_____	_____	_____	_____
<i>Child's Name</i>	<i>Date of Birth</i>	<i>Child's Name</i>	<i>Date of Birth</i>
_____	_____	_____	_____
<i>Child's Name</i>	<i>Date of Birth</i>	<i>Child's Name</i>	<i>Date of Birth</i>

**WHAT IS YOUR RELATIONSHIP WITH THE PERSON WHOM YOU ARE FILING AGAINST?**

Parent/Child
  Boyfriend/Girlfriend or Ex-Boyfriend/Girlfriend (If so, answer below)

Spouse/Ex-Spouse
  Have you lived with him/her within the past 5 years?  YES  NO

Relative
  Other \_\_\_\_\_

**WHEN AND WHERE DID THE INCIDENT OCCUR?**

_____	_____	_____	_____
<i>Date</i>	<i>Time</i>	<i>Address</i>	<i>Zip Code</i>

**DID THE POLICE RESPOND?**  YES  NO

Name of Police Dept: \_\_\_\_\_ Report Number: \_\_\_\_\_

Was anyone, including yourself, arrested out of the incident:  YES  NO

