

**COMPLAINANT INTERVIEW SHEET** – PLEASE PRINT

**DATE:** \_\_\_\_\_

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

**COMPLAINANT(S):** [Person(s) Making Complaint]

**NAME(S) & DATE(S) OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE: HOME( )** \_\_\_\_\_ **BUSINESS( )** \_\_\_\_\_ **CELL( )** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**NATURE OF COMPLAINT:**(State in a few words, for example: Assault, Harassment, Identity Theft, etc.

**When (Date and time):** \_\_\_\_\_

**Where:** \_\_\_\_\_



**DEFENDANT(S):** [Person(s) Complaint is Against]

**NAME AND DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:HOME( )** \_\_\_\_\_ **BUSINESS( )** \_\_\_\_\_ **CELL( )** \_\_\_\_\_

**NAME AND DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:HOME( )** \_\_\_\_\_ **BUSINESS( )** \_\_\_\_\_ **CELL( )** \_\_\_\_\_



WERE YOU RECOMMENDED TO APPEAR AT THE DISTRICT ATTORNEY’S OFFICE BY A POLICE OFFICER? (Yes or No) \_\_\_\_\_ Name: \_\_\_\_\_ Precinct: \_\_\_\_\_

OR BY AN ATTORNEY? (Yes or No) Name, address and phone number of Attorney: \_\_\_\_\_

WAS ANY COMPLAINT MADE AGAINST YOU IN THIS MATTER WHICH REQUIRES YOU TO APPEAR IN COURT? (Yes or No) \_\_\_\_\_ Court: \_\_\_\_\_ Appearance Date: \_\_\_\_\_

**WITNESSES:**

**NAME & DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**WHAT WITNESS SAW & HEARD:** \_\_\_\_\_

**NAME & DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**WHAT WITNESS SAW & HEARD:** \_\_\_\_\_

**DEPOSITION**

**DATE:** \_\_\_\_\_ **COMPLAINT NO.:** \_\_\_\_\_

**COMPLAINANT:** \_\_\_\_\_

**DEFENDANT:** \_\_\_\_\_

**DETAILS OF COMPLAINT**

**Any false statements herein are punishable  
as a Class A Misdemeanor pursuant to Section  
210.45 of the Penal Law of the State of New York**

Page No. \_\_\_\_\_

\_\_\_\_\_  
**Signature of Complainant**

**Note: Number each page and sign the bottom of each page  
Do not write on the back of this page**

Are you related in any way to the defendant? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, describe the relationship \_\_\_\_\_  
\_\_\_\_\_

Have you ever been married to the defendant? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, state the date and the manner in which the marriage was legally terminated \_\_\_\_\_  
\_\_\_\_\_

Do you have a child or children where you allege that the defendant is a biological parent? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, was paternity established? Yes \_\_\_\_\_ No \_\_\_\_\_

If paternity was not established, describe the reasons why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any false statements herein are punishable  
as a Class A Misdemeanor pursuant to Section  
210.45 of the Penal Law of the State of New York**

\_\_\_\_\_  
**Signature of Complainant**

**Note: Please do not write under Signature Line**

**When appearing in person please submit complaint form with any related paperwork and photo identification. Please remain seated – you will be personally interviewed by a member of our legal staff.**

**District Attorney's Office  
Criminal Complaint Unit  
272 Old Country Road  
Mineola, NY 11501  
Phone: (516) 571-3505**