



CITY OF ROANOKE MUNICIPAL COURT

203 Fairway Drive, Roanoke, TX 76262
Office 817-491-0813 Fax 817-490-0923

www.roanoketexas.com ~ Email: court@roanoketexas.com



REQUIREMENTS WHEN FILING COMPLAINT

THESE SPECIFIC POINTS ARE UNDERSTOOD BY THE UNDERSIGNED:

1. The citizen (person making the complaint) must, in good faith, make full, fair, and honest disclosure of all facts and circumstances known to him/her at the time the complaint is filed. The facts, as presented, must be in the form of an affidavit and signed under oath. This affidavit will form the basis of any further investigation and the charging instrument.
2. The citizen-complainant must appear in court to testify against the defendant if the charges are contested by the accused and a trial is held.
3. If the defendant is found guilty, the maximum sentence that may be assessed in Municipal Court is a fine up to a \$500.00 plus court costs and fees. There can be no jail time. The defendant may appeal the case to a higher court.
4. The defendant may file a counter-complaint if the citizen-complainant has also been involved in some illegal activity. Please be advised that any statement made at this time or in the future to a police officer, prosecutor, or other city investigator may be used against you should the counter-complaint. Please be advised that, when speaking to the prosecutor, that the prosecutor represents the State of Texas and no attorney-client relationship is established by any communications.
5. Once a case is accepted by the prosecutor and filed with the court, only a Municipal Court Judge, upon recommendation of the prosecutor, has the authority to dismiss the case.
6. The State Prosecutor reserves the right to subpoena the person who filed the complaint and to enforce the subpoena by ordering a peace officer to bring them to court.
7. Make a copy of the notarized affidavit for yourself. Contact the Municipal Court clerk's office in 21-30 days after mailing or delivering the original signed forms in order to obtain further information.
8. Return Completed complaint to : Roanoke Municipal Court, 203 Fairway Drive, Roanoke, TX 76262.
9. **An asterisk (*) denotes a required field. If the required fields are not completed in full and with all necessary information, the State Prosecutor will most likely not accept your complaint nor proceed with any criminal charges.**

I have read and agree to the above requirements.

*Citizen-Complainant's Signature

*Printed Name

*Date

AFFIDAVIT BY CITIZEN

INFORMATION ABOUT YOU:

*DATE: _____ *NAME: _____

*ADDRESS: _____

*CITY, STATE, ZIP: _____

*PHONE: _____ WORK: _____

EMAIL ADDRESS: _____

DEFENDANT INFORMATION:

*NAME OF DEFENDANT: _____

*ADDRESS: _____

*CITY, STATE, ZIP: _____

*PHONE: _____ WORK: _____

*How did you determine the defendant's name: _____

*Can you identify the defendant (YES or NO): _____ (If no, it will not be possible to process your complaint)

DESCRIPTION OF DEFENDANT

RACE: _____ SEX: _____ DATE OF BIRTH: _____

WEIGHT: _____ BODY STYLE: _____ AGE: _____

VEHICLE INFORMATION (IF APPLICABLE)

MODEL: _____ MAKE: _____ YEAR: _____

COLOR: _____ BUILD: _____ SPECIAL FEATURES: _____

LICENSE PLATE: _____ STATE OF REGISTRATION: _____

LIST OF WITNESSES (Use additional pages if necessary.)

NAME OF WITNESS: _____ PHONE: _____

ADDRESS: _____

NAME OF WITNESS: _____ PHONE: _____

ADDRESS: _____

NAME OF WITNESS: _____ PHONE: _____

ADDRESS: _____

***I SWEAR THAT THE STATEMENTS MADE HEREIN ARE WITHIN MY PERSONAL KNOWLEDGE AND ARE TRUE AND CORRECT.**

*Complainant's Signature

*Printed Name

*Date

*Sworn To Me On This the _____ Day of _____, 20_____.

*Deputy Court Clerk

Notary Public for the State of _____ My Commission Expires : _____

DO NOT WRITE ON THIS PAGE – MUST BE INCLUDED WITH REQUEST

ACCEPTED

RECOMMENDATION: _____

VIOLATION CODE IF APPROVED: _____

DENIED

REASON: _____

REVIEWED BY: _____

DATE: _____

