



YORK COUNTY DISTRICT ATTORNEY

TIM BARKER
District Attorney

C. TAYLOR KATHERMAN
First Assistant District Attorney

CRAIG FENSTERMACHER
Chief County Detective

MICHELLE BAUGHMAN
Chief Administrator

Office Use Only

Date Received:	Incident Number	ADA Reviewer:	Detective:	Code:
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PRIVATE CRIMINAL COMPLAINT INFORMATION FORM

Under rule 506 of the Pennsylvania Rules of Criminal Procedure, the District Attorney’s Office Must approve or disapprove all private criminal complaints filed by persons who are not law enforcement officers. It is important that you provide all of the information requested on this form so that your complaint can be thoroughly reviewed. Failure to provide the requested information may result in the disapproval of your complaint.

DO NOT USE THIS FORM FOR REPORTING BAD CHECK COMPLAINTS

Go to the following link for information on and reporting on a bad check in our bad check program:

<http://www.checkprogram.com/staticwebsites/yorkcountypa/>

Your Information

Last Name	First Name	MI	SSN	Date of Birth
Representing (if representing a company/business, list business name here)				
Mailing Address				
City		State	Zip	
Home Phone	Cell Phone (Required)	Office Phone	Email Address (Required)	

Defendant Information

Name or description of person/business					
Mailing address					
City	State	Zip	Home Phone	Cell phone	Office phone

Witness

Last name	First name	MI			
Mailing address					
City	State	Zip	Home Phone	Cell phone	Office phone

Witness

Last name	First name	MI			
Mailing address					
City	State	Zip	Home Phone	Cell phone	Office phone

Witness

Last name		First name		MI	
Mailing address					
City	State	Zip	Home Phone	Cell phone	Office phone

Your Attorney

Check this box if you are NOT represented by an attorney

Last name		First name		MI	
Mailing address					
Email address		Home Phone	Cell phone	Office phone	

Have you filed a civil lawsuit in this matter? Yes No

Do you intend to file a civil lawsuit in this matter? Yes No

Did you file a complaint with your Local Police Department? Yes No

Police Department	Officer / Badge #	Incident #
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Offense(s) to be charged

Statement of the facts:

supporting documents attached

Include details such as dates, times, locations, and the reason for your complaint. You must repeat this information on the PRIVATE CRIMINAL COMPLAINT Form

THIS DOCUMENT MUST BE ATTACHED TO THE PRIVATE CRIMINAL COMPLAINT FORM

Signature Printed Name date

I verify that the facts set forth in this form are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18Pa C.S. §4904) relating to unsworn falsification to authorities.

**PRIVATE CRIMINAL
COMPLAINT**



**COMMONWEALTH OF PENNSYLVANIA
VS.**

Magisterial District Number: _____

MDJ Name: Hon. _____

Address: _____

Telephone: () _____

DEFENDANT: _____

NAME and ADDRESS _____

Docket No.: _____

Date Filed: _____

OTN: _____

(Above to be completed by court personnel)

(Fill in defendant's name and address)

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Defendant's D.O.B. _____	Defendant's SID (State Identification Number) _____
Defendant's A.K.A. (also known as) _____	Defendant's Vehicle Information Plate Number _____ State _____	Registration Sticker (MM/YY) _____	Defendant's Driver's License Number State _____

I, _____

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

1. I accuse the above named defendant who lives at the address set forth above
- I accuse the defendant whose name is unknown to me but who is described as _____
- I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at _____

(Place-Political Subdivision)

in YORK County on or about _____

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

Defendant's Name:

Docket Number:



PRIVATE CRIMINAL COMPLAINT

2. The acts committed by the accused were:

(Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, **social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.**)

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of _____ and _____
(Section) (Subsection)
 of the _____
(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.

4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

_____ Date _____ Signature of Complainant

Office of the Attorney for the Commonwealth Approved Disapproved because: _____

_____ (Name of Attorney for Commonwealth-Please Print or Type) _____ (Signature of Attorney for Commonwealth) _____ (Date)

AND NOW, on this date _____, I certify that the complaint has been properly completed and verified.

_____ (Magisterial District) _____ (Issuing Authority)

SEAL

MDJ OFFICE	TELEPHONE	MDJ OFFICE	TELEPHONE	MDJ OFFICE	TELEPHONE
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DISTRICT 19-1-01

THOMAS L. HARTEIS 717-771-4787
 1285 EAST PRINCESS ST 717-771-4786
 YORK, PA 17403

DISTRICT 19-2-03

TOBIN L. ZECH 717-793-5200
 390 E. BERLIN RD 717-793-5201
 YORK, PA 17408

DISTRICT 19-3-06

THOMAS REILLY 717-225-3301
 4824 WALTERS HATCHERY RD 717-225-3306
 SPRING GROVE, PA 17362

DISTRICT 19-1-02

JAMES H MORGAN 717-771-4792
 1215 Roosevelt Ave. 717-771-4793
 YORK, PA 17404

DISTRICT 19-2-04

JEFFREY OBERDORF 717-767-5700
 3202 FARMTRAIL RD 717-767-5701
 YORK, PA 17406

DISTRICT 19-3-07

DAVID ESHBACH 717-767-5708
 2990 GRENWAY RD 717-767-5718
 DOVER, PA 17315

DISTRICT 19-1-03

MICHAEL R. GESSNER 717-632-4565
 203 DART DRIVE 717-632-4740
 HANOVER, PA 17331

DISTRICT 19-2-05

JENNIFER J.P. CLANCY 717-845-5508
 1410 Sixth AVE 717-845-5512
 YORK, PA 17403

DISTRICT 19-3-09

JOSEPH SPADACCINO 717-938-2523
 700 YORKTOWN RD 717-938-3273
 LEWISBERRY, PA 17339

DISTRICT 19-1-04

ADRIAN BOXLEY 717-771-4799
 232 SOUTH GEORGE ST 717-771-4798
 YORK, PA 17401

DISTRICT 19-3-01

JOHN H FISHEL 717-244-4002
 2997 CAPE HORN RD 717-244-4003
 RED LION, PA 17356

DISTRICT 19-3-10

JASON C. LOPER 717-432-3618
 126 WEST HARRISBURG ST STE 200 717-432-8432
 PO BOX 415
 DILLSBURG, PA 17019

DISTRICT 19-1-05

JOEL N. TOLUBA 717-771-4796
 745 WEST MASON AVE 717-771-4795
 YORK, PA 17401

DISTRICT 19-3-03

LAURA S. MANIFOLD 717-993-6721
 72 NORTH MAIN ST Suite # 2 717-993-6466
 STEWARTSTOWN, PA 17363

DISTRICT 19-3-11

ROBERT ECKENRODE 717-266-6891
 202 ROSEDALE DR 717-266-6892
 MANCHESTER, PA17345

DISTRICT 19-2-01

BARRY L BLOSS JR. 717-840-7233
 118 PLEASANT ACRES RD 717-840-7234
 YORK, PA 17402

DISTRICT 19-3-04

LINDY SWEENEY 717-227-0688
 165 FAIRVIEW CT 717-227-0942
 NEW FREEDOM, PA 17349

DISTRICT 19-2-02

SCOTT E. LAIRD 717-747-5100
 2756 A SOUTH QUEEN ST 717-747-5101
 DALLASTOWN, PA 17313

DISTRICT 19-3-05

JEFFREY SNEERINGER 717-632-0618
 20 WAYNE AVE SUITE 2 717-632-1629
 HANOVER, PA 17331