



**DANIEL P. FRY**  
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**CRIMINAL DIVISION**

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**CIVIL DIVISION**

DAVID K. LIBERATI - CHIEF ASSISTANT  
GRACE L. HOFFMAN  
RHONDA L. GREENWOOD

**COMPLAINT INVESTIGATION**  
**QUESTIONNAIRE**

**INSTRUCTIONS:** PLEASE FILL IN ALL BLANK SPACES THAT APPLY TO YOUR CASE. MAKE SURE YOUR INFORMATION IS ACCURATE, COMPLETE AND TRUE. THE COMPLETED FORM MAY BE SHOWN TO THE DEFENDANT OR TO HIS/HER ATTORNEY.

TODAY'S DATE: \_\_\_\_\_

COMPLAINANT'S NAME: \_\_\_\_\_

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

HOME PHONE NUMBER/CELL NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

**INFORMATION CONCERNING THE PERSON(S) YOU ARE COMPLAINING ABOUT:**

NAME(S): \_\_\_\_\_

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

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**1. BRIEFLY DESCRIBE WHAT HAPPENED, WHEN (DATE), AND WHERE (LOCATION AND TOWNSHIP):**

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**2. NAMES, ADDRESSES AND PHONE NUMBERS OF PEOPLE YOU BELIEVE ARE YOUR WITNESSES:**

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**3. HAVE YOU BEEN IN COURT BEFORE DUE TO EVENTS CONCERNING THE PEOPLE YOU ARE COMPLAINING ABOUT? IF SO, PROVIDE DETAILS.**

**4. DO YOU KNOW OF A MOTIVE FOR THIS HAVING BEEN DONE TO YOU AND/OR WHAT THE PERSON YOU ARE COMPLAINING ABOUT WILL USE AS A DEFENSE AGAINST YOU?**

**5. WHAT LEGAL ACTION WOULD YOU LIKE TO SEE TAKEN AND/OR WHAT RESULTS OR LEGAL RELIEF DO YOU SEEK?**