

CITIZEN AFFIDAVIT OF PROBABLE CAUSE AND REQUEST FOR INVESTIGATION

Name: _____
First _____ M.I. _____ Last _____ Date of Birth _____
Address: _____
Physical _____ PO Box (if applicable) _____
City _____ State _____ Zip Code _____
Contact: _____
Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

I, _____, swear to the following facts and request the Ennis Police Department investigate and file criminal charges against: _____,
(Suspect's name or detailed description and address, if known)

for the offense of: _____,
based on the following facts: That on _____ at _____,
(Date and time) (Location)

I observed the person named (or described above) do the following: _____

(Describe each of your observations that you saw or heard that lead you to conclude the person committed an offense. If you need additional room, continue on a separate sheet of paper.)

In making this request, I understand the following:

1. This is an affidavit of probable cause and request for investigation and filing of criminal charges.
2. Criminal charges may be filed as a result of my request for investigation and filing of criminal charges.
3. If charges are filed, I must cooperate fully with Police and City/County Attorneys in any prosecution arising from the charges. This may require me to testify in Court against this person.
4. If my sworn statement is untrue, I may be charged with the offense of making a false report to a law enforcement officer in violations of Montana Code Annotated 45-7-205, or false swearing in violation of Montana Code Annotated 45-7-205.
5. If the allegations are untrue, or if the prosecution is not successful because I failed to cooperate with law enforcement or prosecutors, I may also be liable to any person charged and/or arrested for civil damages.
6. The Police and/or City or County Attorney's Office will make charging and prosecuting decisions.
7. This document is a public record.

(Signature) on _____
(Date)

Subscribed and sworn before me this _____ day of _____, 20 _____.

Notary Public for the State of Montana

Notary's Printed Name
Residing at _____
My commission expires: _____.

(Affix notarial seal above)

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