


STATEMENT OF FACTS IN SUPPORT OF APPLICATION FOR CRIMINAL COMPLAINT		APPLICATION NO. (for court use only)	PAGE ____ of ____	Massachusetts Trial Court 
The undersigned alleges the following as a <input type="checkbox"/> full or <input type="checkbox"/> partial statement of the factual basis for the offense(s) for which a criminal complaint is sought.		COURT DEPARTMENT <input type="checkbox"/> Boston Municipal Court <input type="checkbox"/> District Court	COURT DIVISION	
<i>(use additional sheets if necessary)</i>				
PRINTED NAME	SIGNATURE	I AM A: <input type="checkbox"/> Law Enforcement Officer <input type="checkbox"/> Civilian Complainant or Witness		DATE SIGNED
ADDITIONAL FACTS FOUND BY CLERK MAGISTRATE/ASSISTANT CLERK MAGISTRATE/JUDGE BASED ON ORAL TESTIMONY				
SIGNATURE OF CLERK MAGISTRATE/ASSISTANT CLERK MAGISTRATE/JUDGE			DATE SIGNED	