

<b>STATEMENT OF FACTS</b> <b>IN SUPPORT OF</b> <b>APPLICATION FOR CRIMINAL COMPLAINT</b>	APPLICATION NO. (for court use only)	PAGE ____ of ____	<b>Massachusetts</b> <b>Trial Court</b> 
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
<b>ADDITIONAL FACTS FOUND BY CLERK MAGISTRATE/ASSISTANT CLERK MAGISTRATE/JUDGE BASED ON ORAL TESTIMONY</b>			
SIGNATURE OF CLERK MAGISTRATE/ASSISTANT CLERK MAGISTRATE/JUDGE			DATE SIGNED