

County of: \_\_\_\_\_

**INDIRECT CRIMINAL CONTEMPT COMPLAINT**

Magisterial District: \_\_\_\_\_

Magisterial District Judge Name:  
\_\_\_\_\_

Docket No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference Number: \_\_\_\_\_

Commonwealth of Pennsylvania

Phone Number: \_\_\_\_\_

VS.

Docket No. \_\_\_\_\_

Defendant: \_\_\_\_\_  
Name

Date Filed: \_\_\_\_\_

\_\_\_\_\_  
Address

OTN: \_\_\_\_\_

Defendant's Race:	Defendant's Sex:	Defendant's Social Security No:	Defendant's State Identification No:
Defendant's A.K.A.	Defendant's Vehicle Information: Plate Number: State: Registration Sticker (MM/YY)		Defendant's Driver's License No: State: License Number:
Complaint/Incident No:	Complaint/Incident Number if other Participants:		UCR/NIBRS Code:

**1. Defendant Information:**

\_\_\_\_\_  
First Middle Last Suffix (Jr., Sr., etc.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Defendant's Social Security Number (if known): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Defendant's State Identification Number: \_\_\_\_\_

Defendant's Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Defendant's Vehicle Information: Plate Number: \_\_\_\_\_

State: \_\_\_\_\_

Registration Sticker (mm/yy): \_\_\_\_\_

Complaint/Incident Number: \_\_\_\_\_

Complaint/Incident Number if other participants: \_\_\_\_\_

UCR/NIBRS Code: \_\_\_\_\_

Defendant's Alias: \_\_\_\_\_

**2. District Attorney's Office**

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_ Attorney Name: \_\_\_\_\_

Affiant has the right to initiate a review by the Court of Common Pleas upon disapproval.  
(Pa.R.Crim.P.506)

**3. Affiant's Information**

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_

Name of Affiant

Officer Badge # ID Dept. or Agency Represented & Political Subdivision

\_\_\_\_\_  
Agency ORI

\_\_\_\_\_  
Originating Agency Case Number

Do hereby state:

1. \_\_\_\_\_ I accuse the above defendant, who lives at the address set forth above  
OR

\_\_\_\_\_ with (insert own text) violating the penal laws of the Commonwealth of Pennsylvania at

\_\_\_\_\_ in \_\_\_\_\_ County  
Place-Political Subdivision

\_\_\_\_\_ On or about \_\_\_\_\_ at or about \_\_\_\_\_ AM / PM  
M D YYYY time

OR

\_\_\_\_\_ At or about \_\_\_\_\_  
(any other date/time description)

2. \_\_\_\_\_ The acts committed by the accused which constitutes indirect criminal contempt were: (set forth a summary of the facts to advise the defendant of the nature of the offense charged.)

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All of which is in violation of

\_\_\_\_\_ Title of the Order

\_\_\_\_\_ Docket Number

\_\_\_\_\_ County \_\_\_\_\_ State

Entered \_\_\_\_\_ by \_\_\_\_\_  
Date Judge's Name

Plaintiff: \_\_\_\_\_  
First Name Middle Name Last Name Suffix (Jr., Sr., etc.)

Enter the subsequent history of the Order.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ 23 Pa. C.S. § 6101 et seq.

\_\_\_\_\_ (Section Subsection of the PA Statute)

Number of Count(s) \_\_\_\_\_

\_\_\_\_\_ Companion criminal charges related to this matter have been filed, namely

3. \_\_\_\_\_ I ask that an arrest warrant be issued and that the defendant be required to answer the charges I have made.

4. \_\_\_\_\_ I verify that the facts set forth in the complaint are true and correct to the best of my knowledge or information and belief.

\_\_\_\_\_  
Name of Affiant

\_\_\_\_\_  
Date

And now, on this date \_\_\_\_\_

I certify that the complaint has been properly completed and verified. An Affidavit of Probable Cause must be completed in order for a warrant to issue.

\_\_\_\_\_  
Magisterial District

\_\_\_\_\_  
Issuing Authority

SEAL

**\_\_\_\_\_ Arraignment Information**

Arrest DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Arraignment DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Incarceration DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Hearing DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Special Conditions \_\_\_\_\_ The Defendant shall not abuse, threaten, harass or stalk the victim.  
 \_\_\_\_\_ The Defendant shall have no contact with the victim.  
 \_\_\_\_\_ The Defendant shall comply with all terms and conditions of the  
 Protection From Abuse Order.  
 \_\_\_\_\_ The Defendant shall refrain from entering the residence or household  
 of the victim.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Committing Authority

\_\_\_\_\_  
Name

Distribution to: