

REQUIREMENTS WHEN FILING COMPLAINT

1. The complainant (person making the complaint) must, in good faith, make full, fair, and honest disclosure of all facts and circumstances known to him/her at the time the complaint is made. The facts, as presented, must be in the form of an affidavit and signed under oath. Said affidavit will form the basis of any further investigation and the charging instrument.
2. The complainant must appear in court to testify against the defendant if the charges are contested (the accused pleads not guilty and a trial is held).
3. If the defendant is found guilty, the maximum sentence that may be assessed in Municipal Court is a fine plus court costs and fees (no jail time). The defendant may appeal the case to a higher court.
4. The defendant may file a counter-complaint if the complainant has also been involved in some illegal activity. Please be advised that any statement made at this time or in the future to a prosecutor or other city investigative person may be used against you should the counter-complaint go forward to trial. Please be advised that when speaking to the prosecutor, that the prosecutor represents the state and no attorney-client relationship is established by any communications with regard to the application for complaint or any matters related thereto.
5. Once a case is filed, only a Municipal Court Judge, upon recommendation of a prosecutor, has the authority to dismiss the case.
6. The prosecutor reserves the right to subpoena the presence of the citizen-complainant and enforce the subpoena by ordering a peace officer to bring the citizen-complainant to court.
7. Make a copy for yourself after it has been notarized, but before you mail or otherwise deliver it to Municipal Court. Contact Municipal Court about seven days after mailing or delivering the original signed forms in order to obtain a "cause number" for future reference or follow up.
8. I have read and agree to the above requirements.

Complainant's Signature
(Person Making the Complaint)

Printed Name

Date

**AFFIDAVIT BY CITIZEN
TRAFFIC CODE/ INSURANCE/OTHER VIOLATIONS**

Information About You:

Your Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Work Phone Number: _____

Email Address (if any): _____

The Undersigned Affiant Swears To The Following Statement:

Defendant Information:

Name of Defendant (Person Accused): _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Work Phone Number: _____

How did you determine defendant's name? _____

Can you identify the defendant? _____ (Yes/No)

Description of defendant: Race: _____ Sex: _____ Height: _____

Date of Birth: _____ Age (if no date of birth): _____

FACTS ABOUT THE CASE

Date of Offense: _____ Time of Offense: _____

Location (block number/street name) of Offense (must be in Austin city limits):

Type of premises: (public roadway or private property)? _____

What is your complaint? Describe with as much detail as possible:

Use as many pages as necessary to relate fully, fairly, and honestly all material facts and circumstances.

Witness Information (if any)

Name of Witness: _____ Phone Number: _____

Address: _____ Work Number: _____

Name of Witness: _____ Phone Number: _____

Address: _____ Work Number: _____

Fail To Maintain Financial Responsibility (FTMFR) - A Class C Misdemeanor

(Your account, as the affiant, of what occurred):

I believe that _____ (name of the accused) violated:

Transportation Code Sec. 601.051. Requirement of Financial Responsibility

A person may not operate a motor vehicle in this state unless financial responsibility is established for that vehicle: A motor vehicle liability insurance policy (that complies with Subchapter D), a surety bond (under Section 601.121), a deposit (under Section 601.122 or 601.123), or self-insurance (under Section 601.124)

Vehicle information of the defendant (accused):

Year: _____ Make: _____ Model: _____ Body style: _____

Color: _____ State of Registration: _____ License Plate Number: _____

Special features: _____

I Swear That the Statements Made Here Are within My Personal Knowledge and Are true and Correct.

Printed Name
(Person Making Complaint)

Signature
(Person Making Complaint)

Date

Sworn To Me On This The _____ Day of _____, 20_____.

Deputy Court Clerk or
Notary Public for the State of Texas

My Commission Expires: _____