

## **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.

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Complainant's Signature  
(Person Making the Complaint)

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Printed Name

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Date

**TRAFFIC CODE/ INSURANCE VIOLATIONS**  
**Affidavit by Citizen**

**Information About You:**

Your Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Email Address (if any): \_\_\_\_\_

**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): \_\_\_\_\_

How did you determine defendant's name? \_\_\_\_\_

**Witness Information (if any):**

Name of Witness: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

**Offense information**

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 (see below for “no insurance”):  
Use as many pages as necessary to relate fully, fairly, and honestly all material facts and circumstances.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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If the violation is Fail to Maintain Financial Responsibility (FTMFR) (no insurance):  
(Your account, as the affiant, of what occurred):

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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 of Person Making Complaint

\_\_\_\_\_  
Signature of Person Making Complaint

\_\_\_\_\_  
Date

**Sworn to me on \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_  
Deputy Court Clerk or  
Notary Public in and for the State of Texas

**Do Not Write On this Page but Submit it with Your Request**

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Reviewed by (if required): \_\_\_\_\_

Recommendations: \_\_\_\_\_

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**JUDICIAL REVIEW**  
**(If case is filed and Defendant fails to respond to charge)**

On \_\_\_\_\_ 20 \_\_\_\_\_.

I have examined the foregoing affidavit and have determined that probable cause exists for the issuance of an arrest warrant for the individual accused therein.

\_\_\_\_\_  
Judge  
Municipal Court  
Austin, Texas