

# City of Struthers Director of Law

John N. Zomoida, Jr.  
Director of Law

## **PRIVATE CITIZEN AFFIDAVIT FOR CRIMINAL COMPLAINT**

Under § 2935.09 of the Ohio Revised Code, a private citizen who has knowledge of the facts and seeks to cause an arrest or prosecution of another person may file an affidavit charging the offense committed with the prosecuting attorney for the purpose of review to determine if a complaint should be filed by the prosecuting attorney. It is important that you provide all of the information requested on this form so that your affidavit can be thoroughly reviewed. Failure to provide the requested information may result in the denial of your request.

If your request is approved, please note that you do not control how the case will proceed. While your input will be taken into consideration, the prosecuting attorney has the sole discretion to determine how the case will proceed. Additionally, you will be required to attend any court proceeding for which you are subpoenaed. Failure to appear in response to a subpoena may result in a warrant being issued for your arrest.

**You are required to verify, under penalty of perjury, that the facts set forth in this affidavit are true and correct to the best of your knowledge and belief. Any person who knowingly makes a false statement on this affidavit may be charged with perjury, which is punishable by up to five (5) years in prison and/or a fine of \$10,000.00.**

*State of Ohio*  
*County of Mahoning* ss:

### **Your Information**

First Name	Middle Name	Last Name
Representing (If representing a company/business, list the name here)		
Mailing Address		
City	State	Zip
Home Phone	Cell Phone	Email Address

### **Defendant Information**

First Name	Middle Name	Last Name
Mailing Address		
City	State	Zip
Home Phone	Cell Phone	Email Address
Your relationship to Defendant		

**Witness**

First Name	Middle Name	Last Name
Mailing Address		
City	State	Zip
Home Phone	Cell Phone	Email Address

**Witness**

First Name	Middle Name	Last Name
Mailing Address		
City	State	Zip
Home Phone	Cell Phone	Email Address

**Witness**

First Name	Middle Name	Last Name
Mailing Address		
City	State	Zip
Home Phone	Cell Phone	Email Address

**Did you file an incident report with your local police department?**     Yes     No

Police Department	Incident No.	Officer Who Took Report
-------------------	--------------	-------------------------

**Where did the incident take place?**     Struthers                       Lowellville                       New Middletown  
 Springfield                       Poland (Village)                       Poland (Township)

**Date of Offense:** \_\_\_\_\_                      **Time of Offense:** \_\_\_\_\_

**Do you have any supporting evidence (i.e. pictures, videos, text/email messages)?**     Yes     No  
 (If so, please provide)

