



OFFICE OF THE
BERKS COUNTY DISTRICT ATTORNEY

633 COURT STREET
READING, PENNSYLVANIA 19601-4317
TELEPHONE: 610-478-6000

Application for
Private Prosecution

INSTRUCTIONS: Please complete the entire application. In the area entitled "Statement of Personal Observations", please describe in full detail the nature of your complaint. If you have any witnesses, they must also complete and sign the application. The application process takes approximately 2-3 weeks. Your application will be assigned to an assistant district attorney so that they may determine its prosecutorial merit.

Applicant

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (Home): _____ (Work #): _____

Accused

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: (Home): _____ (Work #): _____
Employment: _____ Address: _____

Offense

Date Occurred: _____ Time Occurred: _____
Address of Place Occurred: Street Address: _____
City, Township, State, Zip: _____
Did you contact the police? _____ Yes _____ No
If so, which police department & who did you talk to?: _____

False statements are subject to a two (2) year jail imprisonment and/or a \$5,000.00 fine for violation of Unsworn Falsification to authorities. 18 Pa.C.S.A. §4904.

Signature of Witness

Witness No. 3

Name: _____ Phone (H): _____ (W): _____

Statement of PERSONAL OBSERVATIONS: _____

False statements are subject to a two (2) year jail imprisonment and/or a \$5,000.00 fine for violation of Unsworn Falsification to authorities. 18 Pa.C.S.A. §4904.

Signature of Witness