APPLICATION NO. (court use only) PAGE STATEMENT OF FACTS Trial Court of Massachusetts IN SUPPORT OF _ OF ___ **District Court Department** APPLICATION FOR CRIMINAL COMPLAINT COURT DIVISION The undersigned alleges the following as a $\ \square$ full or $\ \square$ partial statement of the factual basis for the offense(s) for which a criminal complaint is sought. (Use additional sheets if necessary) PRINTED NAME SIGNATURE I AM A: DATE SIGNED ☐ LAW ENFORCEMENT OFFICER Χ ☐ CIVILIAN COMPLAINANT OR WITNESS ADDITIONAL FACTS FOUND BY CLERK-MAGISTRATE / ASST. CLERK / JUDGE BASED ON ORAL TESTIMONY REMARKS SIGNATURE OF CLERK-MAGISTRATE / ASST.CLERK / JUDGE DATE SIGNED X