MAGISTRATES/DISTRICT/SUPREME COURT OF NEW YORK

THE PEOPLE OF THE STATE OF NEW YORK -v- **Full Name [SSN]** Defendant.	COUNTY: NEW YORK NUMBER: D/S0000 of 1990

CRIMINAL COMPLAINT

BE IT KNOWN THAT, by this complaint, Assistant District Attorney Full Name, of the New York City District Attorney's Office, as the Complainant herein, states:

From on or about Day Month Year, to on or about Day Month Year, in New York County, the Defendant committed the offenses of:

#	Code	No.	Charge Title	Max. Sentence
1.	Code	x#	Charge Title	# Years
2.	Code	x#	Charge Title	# Years
3.	Code	x#	Charge Title	# Years
			Total:	**# Years**

COUNT ONE

The Defendant, FULL NAME, committed the crime of x# CHARGE NAME, on or about Day Month Year, in the County of New York, State of New York, having, with intent, shortly describe the defendant's conduct which committed the crime.

COUNT TWO

The Defendant, FULL NAME, committed the crime of x# CHARGE NAME, on or about Day Month Year, in the County of New York, State of New York, having, with intent, shortly describe the defendant's conduct which committed the crime.

COUNT THREE

The Defendant, FULL NAME, committed the crime of x# CHARGE NAME, on or about Day Month Year, in the County of New York, State of New York, having, with intent, shortly describe the defendant's conduct which committed the crime.

This criminal complaint is made by me, based upon information and belief. The source of my information is Rank Full Name of the New York Police Department / other office and any other sources of evidence.

(Delete this blue text) Do not touch the fields below - it is for the District Attorney's Office to complete.

Filed in the Magistrates/District/Supreme Court of New York on Day Month Year by the undersigned Complainant.

Signature

Complainant

Day Month Year

Date

(Delete this blue text) If there is no Asset Forfeiture involved in a criminal proceeding, DELETE the next page. Otherwise, complete it as required.

DISTRICT/SUPREME COURT OF NEW YORK

THE PEOPLE OF THE STATE OF NEW YORK -v- **Full Name [SSN]** Defendant.	COUNTY: NEW YORK NUMBER: D/S0000 of 1988

REQUEST FOR ASSET FORFEITURE

BE IT KNOWN THAT, by the complaint attached herein, the Complainant requests asset forfeiture of the following property constituting the proceedings or substituted proceeds of an offense designated in this complaint, and any property constituting an instrumentality of such designated offense, including real property (if any):

1. Describe any specific property. If real property, include the building location & room #.

2. Describe any specific property. If real property, include the building location & room #.

3. Any relevant property seized through a Search Warrant issued and executed after the filing of this Criminal Complaint and Request for Asset Forfeiture.

The following affidavit(s), or any recorded testimony, or any other evidence presented to the Court as herein attached, establish reasonable cause to request the asset forfeiture of the aforementioned property:

4. Attach any hyperlinks for affidavits, recorded testimony links or an evidence exhibit.

5. Attach any hyperlinks for affidavits, recorded testimony links or an evidence exhibit.

The Complainant also gives notice that the following property of a criminal nature is to be forfeited pursuant to section 111 of the *Justice Act 1988*:

6. Describe any specific property.

7. Any property of a criminal nature seized through a Search Warrant issued and executed after the filing of this Criminal Complaint and Request for Asset Forfeiture.

Filed in the District/Supreme Court of New York on Day Month Year by the undersigned Complainant.

Signature

Complainant

Day Month Year

Date