

KERN COUNTY DISTRICT ATTORNEY

INSTRUCTIONS FOR REQUESTING A CRIMINAL COMPLAINT

Because of Kern County's severe budget reductions, the attorney staff of the Kern County District Attorney's Office has been greatly reduced. This office is no longer able to meet with citizens requesting the filing of criminal charges without first conducting a review of the police reports.

Anyone wishing to request the filing of criminal charges will need to follow these steps:

1. If the incident was not reported to law enforcement, it is necessary to do so. The appropriate agency is the department with jurisdiction where the offense was committed. All offenses must be investigated before any charges can be filed.
2. If the incident was reported to law enforcement, obtain a copy of all investigation reports from the agency to which the incident was reported. Review the report yourself for completeness and accuracy.
3. Fill out the Complaint Request Form fully and completely.
4. Mail the crime report and the Complaint Request Form to:

Kern County District Attorney's Office
1215 Truxtun Avenue, 4th Floor
Bakersfield, CA 93301
ATTENTION: Citizen Complaint Desk

The complaint will be reviewed as soon as possible. If an attorney decides criminal charges may be appropriate, you will be contacted and an appointment scheduled to discuss the case in person. As the complaining witness you will be required to sign the complaint under penalty of perjury. No charges will be filed, however, until the other party has been given an opportunity to reply to your accusations.

If the attorney concludes charges should not be filed, you will receive a letter so stating.



**OFFICE OF THE DISTRICT ATTORNEY
COUNTY OF KERN**

CIVIC CENTER JUSTICE BUILDING
1215 TRUXTUN AVENUE
BAKERSFIELD, CALIFORNIA 93301
(661) 868-2340, FAX: (661) 868-2700

ANDREA S. KOHLER
ASSISTANT DISTRICT ATTORNEY

JOSEPH A. KINZEL
ASSISTANT DISTRICT ATTORNEY

CYNTHIA J. ZIMMER
DISTRICT ATTORNEY

COMPLAINT REQUEST FORM

DATE: _____

YOUR NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (HOME) _____ (WORK) _____

PERSON COMPLAINT IS REQUESTED AGAINST:

NAME: _____

HOME ADDRESS: _____

WORK ADDRESS: _____

TELEPHONE: (HOME) _____ (WORK) _____

DESCRIBE WHAT HAPPENED:

(CONTINUE ON NEXT PAGE IF NECESSARY)

PERSONAL WITNESSES:

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

(ATTACH STATEMENTS OF THESE WITNESSES IF AVAILABLE TO YOU)

WHAT IS YOUR LOSS, DAMAGE, OR INJURY?

IS THERE ANYTHING IN THE CRIME REPORT THAT YOU CONSIDER WRONG?

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED ON THIS COMPLAINT REQUEST FORM AND THE ATTACHED PAGES, IF ANY, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATED: _____, AT _____, CALIFORNIA.

SIGNED: _____

SEND TO:
KERN COUNTY DISTRICT ATTORNEY'S OFFICE
1215 TRUXTUN AVENUE, 4TH FLOOR
BAKERSFIELD, CALIFORNIA 93301
ATTENTION: CITIZEN COMPLAINT DESK

Print Form

Clear Form