



# City of Austin Municipal Court

Address: 6800 Burleson Rd., Bldg 310, Ste 175, Austin, TX 78744-2314

Mail: P.O. Box 2135, Austin, TX 78768-2135

Phone: (512) 974-4800; Fax: (512) 974-4882

Email: court@austintexas.gov; Internet: www.austintexas.gov



## REQUIREMENTS WHEN FILING COMPLAINT

1. The complainant (person making the complaint) must, in good faith, make full, fair, and honest disclosure of all facts and circumstances known to him/her at the time the complaint is made. The facts, as presented, must be in the form of an affidavit and signed under oath. This affidavit will form the basis of any further investigation and of the charging instrument.
2. The complainant must appear in court to testify against the defendant if the charges are contested by the accused and a trial is held.
3. If the defendant is found guilty, the maximum sentence that may be assessed in Municipal Court is a fine up to \$500.00 plus court costs and fees. There can be no jail time. The defendant may appeal the case to a higher court.
4. The defendant may file a counter-complaint if the complainant has also been involved in some illegal activity. Please be advised that any statement made at this time or in the future to a prosecutor or other investigator may be used against you should there be a counter. Please be advised that when speaking to the prosecutor, that the prosecutor represents the state and no attorney-client relationship is established by any communications.
5. Once a case is filed, only a Municipal Court Judge, upon recommendation of a prosecutor, has the authority to dismiss the case.
6. The prosecutor reserves the right to subpoena the citizen-complainant and to enforce the subpoena by ordering a peace officer to bring the citizen-complainant to court.
7. Make a copy of the notarized affidavit for yourself. Contact Municipal Court 21-30 days after mailing or delivering the original signed forms in order to obtain a case number for future reference.
8. **An asterisk “\*” denotes a required field. If the required fields are not completed in full and with all necessary information, the Austin Prosecutor’s Office will most likely not accept your complaint nor proceed with any criminal charges.**

I have read and agree to the above requirements.

\_\_\_\_\_  
\*Complainant’s Signature  
(Person Making the Complaint)

\_\_\_\_\_  
\*Printed Name

\_\_\_\_\_  
\*Date

**AFFIDAVIT BY CITIZEN  
TRAFFIC CODE/INSURANCE VIOLATIONS**

**Information About You:**

\*Your Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email Address (if any): \_\_\_\_\_

**The Undersigned Affiant Swears To The Following Statement:**

**Defendant Information:**

\*Name of Defendant (Person Accused): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

\*How did you determine the defendant's name? \_\_\_\_\_

\*Can you identify the defendant (Yes or No)? \_\_\_\_\_ (If no, it will not be possible to process your complaint)

Description of defendant: Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_

Date of Birth or Age: \_\_\_\_\_

**FACTS ABOUT THE CASE**

**OFFENSE INFORMATION**

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

\*Location (block number/street name) of Offense (must be in Austin city limits):  
\_\_\_\_\_

Type of premises: (public roadway or private property). \_\_\_\_\_

**\*What is your complaint? Describe with as much detail as possible. For Fail to Maintain Financial Responsibility, please use the section immediately below (use back of page if more room is needed):**  
Use as many pages as necessary to relate fully, fairly, and honestly all material facts and circumstances.

**If the violation is Fail To Maintain Financial Responsibility (FTMFR) - A Class C Misdemeanor**  
(Your account, as the affiant, of what occurred):

**\*I believe that** \_\_\_\_\_ (name of the accused) violated:

**Transportation Code Sec. 601.051. Requirement of Financial Responsibility**

A person may not operate a motor vehicle in this state unless financial responsibility is established for that vehicle: A motor vehicle liability insurance policy (that complies with Subchapter D), a surety bond (under Section 601.121), a deposit (under Section 601.122 or 601.123), or self-insurance (under Section 601.124)

**\*Vehicle information of the defendant (accused):**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body style: \_\_\_\_\_

Color: \_\_\_\_\_ State of Registration: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Special features: \_\_\_\_\_

**Witness Information (if any)**

Name of Witness: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

**\*I Swear That the Statements Made Here Are within My Personal Knowledge and Are true and Correct.**

\_\_\_\_\_  
\*Complainant's Signature (Person Making the Complaint)      \*Printed Name      \*Date

\*Sworn To Me On This The \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
\*Deputy Court Clerk or Notary Public for the State of \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Do Not Write on this Page but Submit with Your Request**

Reviewed by (if required): \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
Violation code and DOV (if complaint approved):

\_\_\_\_\_

**Judicial Review**

**(If case is filed and defendant fails to respond to charge)**

Date: \_\_\_\_\_, 20\_\_\_\_

I have examined the foregoing affidavit and have determined that probable cause exists for the issuance of an arrest warrant for the individual accused therein.

\_\_\_\_\_  
Judge  
Municipal Court  
Austin, Texas