

Beaumont Municipal Court ONLY handles Class C misdemeanors.

Phone: (409)980-7200

Email: court@ci.beaumont.tx.us

Requirements for filing a citizen's complaint:

1. You must have the complete address of the person for which you are filing charges.
2. You must have the complete offense location address.
3. You must have the complete information for each witness.
(i.e: name, address, phone number, etc.)
4. You must have the exact date and time of the incident.
If there is more than one date, you must file a separate complaint for each date.
5. Please provide a copy of a police report, if one was made.
6. Once all information is completed, you may return the form by:
 - A. Mail to: Beaumont Municipal Court, PO Box 3827, Beaumont, TX 77704
 - B. In person or place in the night-deposit box located on Forsythe Street at:
Beaumont Municipal Court, 700 Orleans Street, Beaumont, TX.
 - C. Email to court@ci.beaumont.tx.us.

IF THE COMPLAINT IS NOT COMPLETED CORRECTLY, INCLUDING A SIGNATURE AND DATE, IT WILL NOT BE ACCEPTED. TYPING THE NAME OF THE COMPLAINANT WILL SERVE AS AN ELECTRONIC SIGNATURE AND WILL BE ACCEPTED UNTIL FORMAL CHARGES ARE REQUIRED.

For your information: If your case is accepted for prosecution, you will be required to appear any day before 3:00 pm to file a **formal** complaint. You must show identification at that time and sign the required court paperwork.

The defendant will be issued a summons to appear. If the defendant pleads no contest or guilty, he/she will be sentenced by the judge. The defendant cannot be sentenced to pay for any damages. If the defendant pleads not guilty, the case will be set for trial and you will be sent a summons to appear for that date.

<input type="checkbox"/> ACCEPTED Date: _____
CHARGE: _____
CODE: _____
<input type="checkbox"/> REFUSED Date: _____

BEAUMONT MUNICIPAL COURT
Citizen Complaint Information Form
Class C Misdemeanor

Complete the below information in full. You must have the **COMPLETE** addresses for the person against whom you are filing and all witnesses. You must have the **EXACT** location, date and time of the incident. Only one incident per form is allowed. If a police report was made, please provide a copy. **IF THE INFORMATION IS NOT COMPLETED CORRECTLY, IT WILL NOT BE ACCEPTED.** If your charges are accepted, you will be required to return to file a formal complaint. At that time, you must present your identification and sign court paperwork.

YOUR PERSONAL INFORMATION

Name: Last	First	Middle	Date of Birth:	Drivers License No.:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, City, State, Zip):			Home Phone:	Cell Phone:	
Employer:	Employer Address:	Work Phone:	E-Mail Address:		

DEFENDANT INFORMATION (PERSON YOU ARE FILING ON)

Defendant Name: Last	First	Middle	Defendant Date of Birth or Approx. Age:			
Defendant Address (Street, City, State, Zip):			Defendant Employer:	Employer Phone:		
Defendant Phone:	Race:	Sex:	Height:	Weight:	Hair:	Other known information:
How long have you known the defendant?	Describe your PAST and PRESENT relationship with the Defendant (i.e: spouse, neighbor, etc.)?					

Have you had problems with the defendant before this incident? If yes, what kinds of problems?

ONE OFFENSE PER FORM

Offense Alleged (Reason you are filing charges):	Were you injured? If so, how? Did you need medical treatment?		
Offense Date:	Offense Time:	Offense Location (Address):	If private residence, whose? _____ If public place, Name? _____

MISCELLANEOUS INFORMATION:

Did the Defendant or another party involved file charges against you regarding this incident? YES or NO If yes, explain:

Have YOU ever filed a case in this Court in the past? YES or NO If yes, explain and advise the outcome of the case:

Have you ever had a case filed AGAINST YOU in this Court in the past? YES or NO If yes, explain:

Were the police called for this incident? YES or NO

Police Case Number:

The space below is provided for you to write **first-hand** in detail what happened to you (including what was said) and why you think it happened. Second-hand information or information you did not personally witness should not be included in this statement. **Print clearly** as this information will be read by others in order to decide if the case will be accepted and prosecuted. **Any false information provided during the course of this investigation will be prosecuted to the full extent of the law.**

The facts are as follows: _____

Do you have any witnesses to this incident for which you are filing in this Court? YES or NO If yes, you **must** complete the following:

Name	Address:	Phone	Age

I SWEAR THAT THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I WISH TO FILE CHARGES AGAINST THE ACCUSED. I UNDERSTAND THAT SUBMITTING FALSE INFORMATION TO THE COURT CONSTITUTES THE CRIME OF TAMPERING WITH A GOVERNMENTAL RECORD, PUNISHABLE BY INCARCERATION AND/OR THE IMPOSITION OF A FINE (Sec. 37.10, Penal Code).

Signature

Date

ONCE THE INFORMATION IS FILLED OUT COMPLETELY AND ACCURATELY, RETURN THIS FORM TO THE BEAUMONT MUNICIPAL COURT.

Received by and Date: _____

- In Person
- Mail/Night Deposit Box
- Email