



# FRANKLIN COUNTY OFFICE OF PUBLIC DEFENSE

LARRY W. ZEIGLER  
OFFICE OF PUBLIC DEFENSE MANAGER

## **COMPLAINT**

Defendant: \_\_\_\_\_

Current Location: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Defense Counsel: \_\_\_\_\_

Case #: \_\_\_\_\_

Statement of Complaint:

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Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

I declare under penalty of perjury that to allegations made herein are true and correct.

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

\_\_\_\_\_  
Signature