West Yellowstone Police Department **Case Number: _____**
Citizen Affidavit of Probable Cause and Request For Investigation

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Name: _____ _____ _____
First M.I. Last

Address: _____ _____
Physical PO Box (if applicable)

_____ _____ _____
City State Zip Code

Contact: _____ _____ _____ _____
Home Phone Work Phone Cell Phone Email

I, _____,
swear to the following facts and request the West Yellowstone Police Department investigate and file criminal charges against:

_____,
(Suspect's name or detailed description and address, if known)

for the offense of: _____,

based on the following facts: That on _____.
(Date and time) (Location)

I observed the person named (or described above) do the following:

_____
_____
_____
_____

(Describe each of your observations that you saw or heard that lead you to conclude the person committed an offense. If you need additional room, continue on a separate sheet of paper.)

In making this request, I understand the following:

1. **This is an affidavit of probable cause and request for investigation and filing of criminal charges.**
2. **Criminal charges may be filed as a result of my request for investigation and filing of criminal charges.**
3. **If charges are filed, I must cooperate fully with Police and City/County Attorneys in any prosecution arising from the charges. This may require me to testify in Court against this person.**
4. **If my sworn statement is untrue, I may be charged with the offense of making a false report to a law enforcement officer in violations of Montana Code Annotated 45-7-205, or false swearing in violation of Montana Code Annotated 45-7-205.**
5. **If the allegations are untrue, or if the prosecution is not successful because I failed to cooperate with law enforcement or prosecutors, I may also be liable to any person charged and/or arrested for civil damages.**
6. **The Police and/or City or County Attorney's Office will make charging and prosecuting decisions.**
7. **This document is a public record.**

_____ on _____ .
(Signature) (Date)

Subscribed and sworn before me this _____ day of _____, 20 _____ .

_____
Notary Public for the State of Montana

_____
Notary's Printed Name
Residing at _____
My commission expires: _____.

(Affix notarial seal above)

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