

Office of the District Attorney

Parish of Orleans



Economic Crimes

Complaint Packet

619 South White Street

New Orleans, Louisiana 70119

**INSTRUCTIONS FOR COMPLETION OF AN ECONOMIC
CRIMES COMPLAINT:**

- All responses must be printed or typed.
- Upon completion of packet, please submit to:

**Orleans Parish District Attorney
619 White Street
New Orleans, LA 70119
Attn: Economic Crimes Unit**

I. Victim Information:

Name	Race/Sex	Date of Birth

Home Address	Home Phone	Drivers's Lic #

Business Address	Emergency Contact Phone #	Social Security #

Occupation	Title	Business Phone #

II. Reporting Person (if different from victim):

Name	Race/Sex	Date of Birth

Home Address	Home Phone	Drivers's Lic #

Business Address	Emergency Contact Phone #	Social Security #

Occupation	Title	Business Phone #

III. Information about Accused:

Name Race/Sex Date of Birth

Home Address Home Phone Drivers's Lic #

Business Address Emergency Contact Phone # Social Security #

Occupation Title Business Phone #

IV. Witness #1

Name Race/Sex Date of Birth

Home Address Home Phone Drivers's Lic #

Business Address Emergency Contact Phone # Social Security #

Occupation Title Business Phone #

Witness #2

Name Race/Sex Date of Birth

Home Address Home Phone Drivers's Lic #

Business Address Emergency Contact Phone # Social Security #

Occupation Title Business Phone #

V. LIST OF EVIDENCE

All physical and documentary evidence must be listed. Its significance to the case should be explained in the Detailed Report of Criminal Activity in this packet. Copies of documents, contracts, cancelled checks (front and back) must be included with complaint. Do not provide originals.

ITEM # **Description of evidence**

ATTACH ADDITIONAL SHEETS IF NECESSARY

I. Declarations by Victim/Reporting Person:

I, ----- declare under penalty of perjury that the facts stated in this complaint are true and correct to the best of my knowledge.

Affiant

Date

Witness

Date

I understand that the decision to file charges against the accused is solely within the discretion of the District Attorney. Once a complaint has been filed, I cannot dismiss the charges. I understand that this form is not an investigation or the filing of charges against the alleged perpetrator.

Furthermore, I agree that, upon filing of this complaint I will not accept any payment, directly or indirectly, from the accused. I will notify the accused that restitution ~~can only be made through the District Attorney's office. I understand I must comply with~~ this procedure to protect myself and the Orleans Parish District Attorney from any civil liability in the event that an arrest warrant is issued for the accused.

I further understand that I am making a criminal complaint against the accused and I agree to prosecute the accused for the crime described in the complaint and will continue to cooperate until the case is concluded.

Affiant

Date

Witness

Date