



CITY OF PINOLE

Police Department

880 Tennent Avenue
Pinole, CA 94564
Phone: (510) 724-8950
FAX: (510) 724-9811
www.pinole.ca.us/police

CITIZEN'S ARREST

Date: _____

Time : _____

Case Number: _____

I, _____
(Complainant's Name)

of: _____
(Complainant's Address)

do arrest: _____
(Responsible's Name)

for the crime of: _____ Code Section(s): _____

and request that a police officer take him/her into custody. I am aware that I will be contacted by the Pinole Police Department Investigations Section in regards to my appearing at the District Attorney's Office for the purpose of signing a criminal complaint concerning this citizen's arrest. I am also aware that should it become necessary, I will appear in a court of law to testify in this matter.

Signed: _____ Date: _____

Officer: _____