

Republic of the Philippines
 Department of Justice
 National Prosecution Service
OFFICE OF THE CITY PROSECUTOR
QUEZON CITY

INVESTIGATION DATA FORM

To be accomplished by the Office

DATE RECEIVED

(Stamped and initialed)

Time received: _____

Receiving staff: _____

NPS DOCKET NUMBER

XV-03-INV-24 ___ - _____

Assigned to: _____

Date assigned: _____

To be accomplished by the complainant/counsel/law enforcer (use separate sheet if necessary)

COMPLAINANT/s: Name, Sex, Age & Address

Email address: _____

Contact numbers: _____

COUNSEL/s: Name (If any)

Email address: _____

Contact numbers: _____

WITNESS/es: Name & Address (If any)

RESPONDENT/s: Name, Sex, Age & Address

Email address (If Known): _____

Contact numbers (If Known): _____

OFFENSE/s Committed or LAW/s Violated:

(Please indicate amount involved for cases involving Estafa, Theft, Malicious Mischief, RIRDTP)

DATE & TIME of Commission: _____

PLACE of Commission: _____

1. Has a similar complaint been filed before any other office? YES ___ NO ___

2. Is this complaint in the nature of a counter-affidavit? YES ___ NO ___

If YES, indicate details: **NPS Docket No.:** _____ **Handling Prosecutor:** _____

3. Is this complaint related to another case before this office? YES ___ NO ___

If YES, indicate details: **NPS Docket No.:** _____ **Handling Prosecutor:** _____

CERTIFICATION

I CERTIFY, under oath, all the information on this sheet are true and correct to the best of my knowledge and belief, that I have not commenced any action of filed any claim involving the same issues in any court, tribunal, or quasi-judicial agency, and that I should thereafter learn that a similar action has been filed and/or in pending, I shall report that fact to this Honorable Office within five (5) days from knowledge thereof.

 (Signature over printed name)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____,
 in Quezon City.

 Administering Prosecutor/Officer

*1,2,3 and CERTIFICATION need not be accomplished for inquest cases