

IN THE _____ (*Name of Court*) COURT OF

(Name of County),
(Name of State)

(Name of Plaintiff)

PLAINTIFF

V.

CAUSE NO. _____

(Name of Defendant)

DEFENDANT

Motion to Amend or Correct Judgment

COMES NOW _____ (*Name of Plaintiff*),
Plaintiff in the above-styled and numbered cause, by and through her attorney, and files
this her **Motion to Amend or Correct Judgment**, and in support thereof would show
unto the Court the following matters and facts:

1.

The Judgment dated and entered in the above-entitled action on _____
_____ (*date*) should be amended by including in that Judgment as an additional
party Defendant _____ (*Name of*
Additional Party Defendant) to be fully bound by the judgment on due notice to
_____ (*Name of Additional Party*
Defendant) and a hearing. The address of said Defendant is

(street address, city, county, state, zip code).

2.

This Motion is made on the ground that the above-named person, although not
named as, or formally joined as, a party defendant in this action, appeared and actively
participated in the trial of the action, and is the real party in interest, whereas the
defendant named in the judgment is a nominal party, and that _____

_____ (*Name of Additional Party Defendant*) ought
at law and in equity to be fully bound and obligated by the Judgment rendered.

3.

This Motion is based on the records, papers, pleadings, and files in this action,
including the transcript of the trial, and on the affidavit of _____
(*Name of affiant*), served and filed with it.

Respectfully submitted this _____ (*date*).

(*Name of Plaintiff*)

By: _____

(*Name & Signature of Plaintiff's Attorney*)

State Bar No. _____

Plaintiff's Attorney

Certificate of Service

This is to certify that I, _____ (*Name of Attorney*),
attorney for Plaintiff _____ (*Name of Plaintiff*),
have this date served a true and correct copy of the above and foregoing **Motion to Amend or Correct Judgment** by U.S. Mail, postage fully prepaid, to the following counsel of record for Defendant:

(*Name of Attorney*)

Post Office Box

City, State, Zip Code

This the ____ day of _____, 20_____.

Respectfully Submitted,

(*Name of Attorney*)
State Bar No. _____
Attorney for Plaintiff

OF COUNSEL:

(*Name of Plaintiff's Attorney*)
Post Office Box _____

City, State, Zip Code
Telephone: _____

Notice of Motion to Reconsider Order

You are notified that on _____ *(date)*, at
_____ *(time)*, or as soon thereafter as counsel can be heard, in Courtroom
_____ of the _____ *(Name of Court)* for the
(e.g., Southern) _____ **District of**
_____ *(Name of State)* at

_____ *(street address, city,*
county, state, zip code), Plaintiff _____ *(Name of*
Plaintiff), by and through her attorney, will bring on for hearing her **Motion to Amend**
or Correct Judgment for the reasons stated in the above Motion.

Respectfully Submitted,

(Name of Attorney)
State Bar No. _____
Attorney for Plaintiff

OF COUNSEL:

(Name of Plaintiff's Attorney)
Post Office Box _____

City, State, Zip Code
Telephone: _____