

IN THE CIRCUIT COURT OF _____ COUNTY, _____

NAME OF APPELLANT

V.

NAME OF APPELLEE
BY ITS BOARD OF TRUSTEES,

NO. _____

COMPLAINT

1. _____ Hospital is a community hospital organized and existing under the laws of the State of _____, and files this Complaint by its governing body, the Board of Trustees.
2. Dr. _____, an adult resident citizen of _____ County, and may be personally served with copies of this Complaint and the Summons at _____, _____.
3. _____ Hospital owns a certain office building located at _____ in the City of _____, _____ County, _____.
4. By written agreement dated _____, _____, _____ County Hospital leased the above-described premises to Dr. _____ for a term of _____ years, commencing on _____, _____, and terminating on _____, _____. The lease provided for equal monthly installments of \$00.00, payable in advance on the first day of each month. A copy of the lease is attached hereto as Exhibit A and incorporated herein by reference.
6. By letter dated _____, _____, _____ Hospital made written demand on _____ to vacate the premises and surrender possession thereof to _____ County Hospital. _____ refused and failed to do so and still holds possession of the premises without permission to consent, express or implied. A copy of the letter is attached hereto as Exhibit B and incorporated herein by reference.
7. _____ County Hospital has performed all conditions precedent to the payment of rent by _____.
8. _____ is now liable for double rent, pursuant to _____, in equal monthly installments of \$00.00, commencing on _____, _____, and continuing until _____ vacates the premises and Surrenders possession thereof to _____ County Hospital. There is now due and owing _____ County Hospital from _____ for double rent from the period of _____, _____ to _____, _____, a total of \$ 00.00.

9. In the alternative, _____'s failure to vacate the premises on _____, _____, constitutes unjust enrichment and has caused actual damages to _____ County Hospital. There is now due and owing _____ County Hospital from _____ for unjust enrichment and actual damages, from the period of _____, _____ to _____, _____, a total of \$00.00. Additional unjust enrichment and actual damages will be due _____ County Hospital from and after _____, _____, so long as _____ refuses to vacate the premises and surrender possession thereof to _____ County Hospital.

_____ Hospital requests that the Court enter judgment as follows:

1. Judgment for _____ County Hospital for double rent in the amount of \$00.00, plus pre-judgment Interest and court costs, and such other relief as the Court deems appropriate in the circumstances, or in the alternative,

2. Judgment for _____ County Hospital for unjust enrichment and actual damages in the amount of \$00.00, plus attorneys' fees and expenses of this litigation, plus pre-judgment interest, court costs and such other relief as the Court deems appropriate in the circumstances.

This the ____ day of _____, _____.

Respectfully submitted,
