

IN THE _____ COURT OF _____ (County), _____ (State)

PLAINTIFF

(Name of Plaintiff)

V.

CAUSE NO. _____, _____

DEFENDANT

(Name of Defendant)

Complaint for Malpractice

COMES NOW _____ (Name of Plaintiff), Plaintiff in the above-styled and numbered cause, by and through his attorney, and files this his Complaint against Defendant, _____ (Name of Defendant), and in support thereof would show unto the Court the following matters and facts:

1. Plaintiff is an adult resident citizen of _____
(city, county, state).
2. Defendant is an adult resident citizen of _____
(city, county, state) where he may be served with process.
3. At all times mentioned in this Complaint, Defendant was and still is a physician licensed to practice such profession as provided by the laws of the State of _____ (name of state). Defendant is engaged in practice at _____ (street address, city, state, zip code).
4. On _____ (date), Plaintiff employed Defendant to treat Plaintiff professionally for (specify general character of disease or injury) _____.
5. At that time Defendant undertook as physician and surgeon to (specify general nature of services undertaken) _____.
6. Defendant, in endeavoring to (specify general nature of services) _____,

_____ did not exercise the degree of care or skill ordinarily exercised by others of this

profession in the state of _____ (***name of state***) in the following ways:
(***specify the facts that show Defendant's negligence***) _____

7. As a proximate result of Defendant's negligence, Plaintiff received the following injuries: (***description of injuries***) _____

8. As a further proximate result of the above-mentioned negligence, (***specify facts as to general and special damages***) _____

Wherefore, Plaintiff requests judgment as follows:

1. For damages according to proof;
2. For prejudgment interest in the sum of ____% per year;
3. For costs of suit; and
4. For such further relief as the Court deems just.

Respectfully submitted,

(***Name of Plaintiff***)

By: _____
(***Name of Plaintiff's Attorney***)
State Bar No. _____

His Attorney

OF COUNSEL:

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

(***City, State, Zip Code***)
Telephone: _____