

IN THE _____ COURT OF _____ COUNTY
STATE OF _____

_____)	
)	
)	
Petitioner/Plaintiff,)	
)	
Vs.)	NO. _____
)	
_____)	
Respondent/Defendant)	
)	

MOTION FOR LEAVE TO AMEND COMPLAINT

COME NOW the Plaintiffs, through counsel, and makes this their Motion for Leave to Amend Complaint filed herein and would show unto the Court the following:

1. The original Complaint was filed on the ____ day of _____, 20__.
2. Defendants filed their respective Answers and Defenses on or about the ____ day of _____, 20__.
3. Plaintiffs desire to amend their Complaint to add _____ as real party plaintiff pursuant to Rule ____ of _____ Rules of Civil Procedure and to increase the ad damnum damages due to increased medical expenses and more significant injury than realized.
4. A copy of the proposed Amended Complaint is attached hereto as Exhibit "A."

WHEREFORE, PREMISES CONSIDERED, Plaintiffs respectfully request that they be allowed to file their Amended Complaint.

In addition, plaintiffs pray for general relief.

Respectfully submitted,

Dated: _____ Name: _____
Title:
Address:
Address:
City, State, Zip:
Phone:
Fax:
E-Mail:
Attorney No.:

CERTIFICATE OF SERVICE

I, _____, do hereby certify that I have this day mailed,
U.S. Mail, postage prepaid, a true and correct copy of the above and foregoing to
_____, at the following address;

THIS the ____ day of _____, 20____.