

IN THE _____ COURT OF _____ COUNTY
STATE OF _____

Petitioner/Plaintiff,
Vs. NO. _____

Respondent/Defendant

COMPLAINT

COMES NOW _____, Plaintiff, and in support of his claim for relief would show unto the Court the following facts, to-wit:

1. That _____ is an actual adult resident citizen of _____ County, _____.

2. That the Defendant, _____, is an actual adult resident citizen of _____ County, _____; that he is a security guard at _____ at _____, _____, where he may be served with process.

3. This Court has jurisdiction of the parties and of the subject matter of this cause.

4. Plaintiff would show that on or about the ____ day of _____, 20____ that he was at his home in _____ County, _____, when he was approached by the Defendant herein, _____, and that _____, after an argument with the Plaintiff, for no apparent reason, without justification, and in a grossly reckless, negligently and intentionally manner shot and injured the Plaintiff. That as a result of

the gunshot wound that the Plaintiff required medical attention, doctor bills, and hospitalization, that his bills continue to accrue, and that he has suffered severe mental anguish and anxiety, and that he has permanent disability as a result of this injury.

5. Plaintiff would show that Defendant owed him a duty and duties and that that these duties were breached, to-wit:

- a. That the Defendant committed an aggravated assault and battery on the Plaintiff herein.
- b. That the aggravated assault and battery was committed without justification in a grossly negligent, intentional, willful and reckless manner.

6. As a proximate result of these breaches of duty, Plaintiff has sustained special damages in a sum of no less than \$_____, and that he is entitled to punitive damages in a sum of \$_____.

WHEREFORE, PREMISES CONSIDERED, Plaintiff files this suit and demands judgment of and from the Defendant for both actual or compensatory damages, and punitive damages. Plaintiff further demands interest and all costs of this action.

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____.
