

IN THE _____ COURT OF _____ COUNTY
STATE OF _____

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

COMPLAINT

COMES NOW, the plaintiff, _____, and files this her Complaint against the defendant, _____, and in support thereof would show unto this Honorable Court the following facts, to-wit:

FIRST CAUSE OF ACTION

1. The parties to this action are as follows:
 - (a) The Plaintiff, _____, is an adult resident citizen of _____ County, _____.
 - (b) The Defendant, _____, is an adult resident citizen of _____ County, _____ who may be served at his place of residence in the _____, _____ or at his place of employment which is _____, _____.
2. That on or about the ____ day of _____, 20____, the Plaintiff was a social guest in the home of the Defendant.
3. That as a direct and proximate result of the negligence of the Defendant, the

Plaintiff sustained various injuries, including, but not limited to a broken hand.

4. That as a direct and proximate result of _____,
Plaintiff sustained damages in an amount not less than \$_____.

SECOND CAUSE OF ACTION

5. The Plaintiff incorporates the preceding paragraphs of this Complaint and makes them a part of this Cause of Action as if set forth in exact words and figures herein.

6. That for reasons unknown to the Plaintiff, the Defendant became enraged and physically assaulted the Plaintiff.

7. That said assault was intentional, willful, malicious and without any provocation whatsoever on the part of the Plaintiff.

8. That said assault entitles the Plaintiff to recover punitive damages in the amount within the jurisdictional limits of this court.

WHEREFORE, PREMISES CONSIDERED, the Plaintiff prays that she recovers judgment of and from the Defendant in the amount of \$_____ actual damages and punitive damages in an amount not exceeding the jurisdictional limits of this Court.

The Plaintiff prays for such other relief, general or specific, to which she may be entitled.

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____.
