Print Form

Name:

Address:

Telephone Phone:

Email:

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

, Plaintiff(s), v. , Defendant(s).	Case No.: _____ (assigned at time of filing) **COMPLAINT**

I. RELATED CASES

a. Do you have other Civil Case(s) in this or any other federal court?

☐ Yes ☐ No

b. If yes, please list the case numbers here:

II. STATEMENT OF CLAIM *(Briefly state the facts of your case. Describe how each defendant is involved, and tell what each defendant did to you that caused you to file this suit against them. Include names of any other persons involved, dates, and places.)*

III. RELIEF YOU REQUEST *(State exactly what you want the court to do for you. Do not use this space to state the facts of your claim.)*

IV. DEMAND FOR JURY TRIAL *(Would you like a trial by jury on all claims pursuant to FRCP, Rule 38?)*

☐ Yes ☐ No

I declare under penalty of perjury that the foregoing is true and correct.

Date

Signature

Printed Name