

UNITED STATES DISTRICT COURT

for the

<\_\_\_\_\_> DISTRICT OF <\_\_\_\_\_>

<Name(s) of plaintiff(s)>, )

Plaintiff(s) )

v. )

<Name(s) of defendant(s)>, )

Defendant(s) )

Civil Action No. <Number>

COMPLAINT FOR NEGLIGENCE

1. **<Statement of Jurisdiction. See Form 7.>**
2. On <Date>, at <Place>, the defendant negligently **drove a motor vehicle** against the plaintiff.
3. As a result, the plaintiff was **physically injured, lost wages or income, suffered physical and mental pain, and incurred medical expenses of \$ <\_\_\_\_\_>** .

Therefore, the plaintiff demands judgment against the defendant for \$ <\_\_\_\_\_> , plus costs.

Date: <Date>

<Signature of the attorney or unrepresented party>

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<Printed name>  
 <Address>  
 <E-mail address>  
 <Telephone number>