

# Superior Court of Los Santos

<b>ATTORNEY OR PARTY WITHOUT ATTORNEY:</b>	[Full Name]
<b>PO NUMBER:</b>	[Post Office Number]
<b>PHONE NUMBER:</b>	[If available, If not then N/A]
<b>ATTORNEY FOR:</b>	[Full Name]
<b>COMPLAINT - PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH</b>	
Does this complaint apply to one or more of the following types:	
Involve a motor vehicle	Y/N
Property damage (non-motor vehicle)	Y/N
Personal injury	Y/N
Wrongful Death	Y/N
Other Damages (specify):	Y/N - If Y, then specify briefly.

**Plaintiff:** *[Enter Name or Names]*

Alleges causes of action against **defendant:** *[Enter Name or Names]*

<b>CAUSES OF ACTION</b>	
The following causes of action and the statements here apply to each (each complaint must have one more more causes of action):	
Motor Vehicle	[Enter short statement, if applicable]
General Negligence	[Enter short statement, if applicable]
Intentional Tort	[Enter short statement, if applicable]
Products Liability	[Enter short statement, if applicable]
Premises Liability	[Enter short statement, if applicable]
Other (Specify):	[Enter short statement, if applicable]
<b>Plaintiff has suffered (check all that apply):</b>	
Wage loss	[Mark with "X" if it applies]
Loss of use of property	[Mark with "X" if it applies]
Hospital and medical expenses	[Mark with "X" if it applies]

General Damage	[Mark with "X" if it applies]	
Property Damage	[Mark with "X" if it applies]	
Loss of earning capacity	[Mark with "X" if it applies]	
Other damage (specify):	[Mark with "X" if it applies]	[Specify briefly here, if applicable]
The damages claimed for wrongful death and the relationships of plaintiff to the deceased are as follows:	[Specify briefly here, if applicable]	

The relief sought in this complaint is within the jurisdiction of this court.

**Plaintiff** prays for judgment for costs of suit; for such relief as is fair, just and equitable; and for:

<b>Compensatory Damages:</b>	[Specify here]
<b>Punitive Damages:</b>	[Specify here]

Signature of Plaintiff or Attorney: [Full Name] Date: [MONTH, DAY YEAR]

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**Case Number (OfficeStaff Only):** *[This Is Assigned by Court Office Management & Administration Staff Post-Filing]*