

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for non-prisoners to file a civil complaint. NEATLY print in ink (or type) your answers.]

[You are the **PLAINTIFF**, print your full name on this line.]

v.

[The **DEFENDANT** is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

Case Number _____

[For a new case in this court, leave blank.
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

CIVIL COMPLAINT

#	Defendant's Name and Job Title	Address
1	[Put the defendant named in the caption in this box.]	
2	[Put the names of any other defendants in these boxes.]	
3		

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? _____

2. What is your address? _____

3. What is your telephone number: (_____) _____

4. Have you ever sued anyone for these exact same claims?

☐ No.

☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how these events happened.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include the names of minors, social security numbers, or dates of birth.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. [*The first paragraph has been numbered for you.*]

1. _____

Claims and Facts (continued)

PRIOR LAWSUITS – Have you ever sued anyone for this exact same event?

- ☐ No.
- ☐ Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

RELIEF – If you win this case, what do you want the court to order the defendant to do?

FILING FEE – Are you paying the filing fee?

- ☒ Yes, I am paying the \$405.00 filing fee. I understand that I am responsible to notify the defendant about this case as required by Federal Rule of Civil Procedure 4. *[If you want the clerk to sign and seal a summons, you need to prepare the summons and submit it to the clerk.]*
- ☐ No, I am filing a Motion to Proceed In Forma Pauperis and asking the court to notify the defendant about this case.

[Initial Each Statement]

- _____ I will keep a copy of this complaint for my records.
- _____ I will promptly notify the court of any change of address.
- _____ I declare **under penalty of perjury** that the statements in this complaint are true.

Signature

Date

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))***

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

Print**Save As...****Reset**

STATE OF INDIANA)
) SS: IN THE _____ COURT
COUNTY OF _____)
) Case Number:
) (To be supplied by Clerk when case is filed.)

(Caption)

APPEARANCE BY ATTORNEY IN CIVIL CASE

This Appearance Form must be filed on behalf of every party in a civil case.

1. The party on whose behalf this form is being filed is:

Initiating _____ Responding _____ Intervening _____; and

the undersigned attorney and all attorneys listed on this form now appear in this case for the following parties:

Name of party _____

Address of party (see Question # 6 below if this case involves a protection from abuse order, a workplace violence restraining order, or a no-contact order)

Telephone # of party _____

FAX: _____

Email Address: _____

(List on a continuation page additional parties this attorney represents in this case.)

2. Attorney information for service as required by Trial Rule 5(B)(2)

Name: _____ Atty Number: _____

Address: _____

Phone: _____

FAX: _____

Email Address: _____

(List on continuation page additional attorneys appearing for above party)

3. This is a _____ case type as defined in administrative Rule 8(B)(3).
4. I will accept service from other parties by:
FAX at the above noted number: Yes ____ No ____
Email at the above noted number: Yes ____ No ____
5. This case involves child support issues. Yes ____ No ____ (If yes, supply social security numbers for all family members on a separately attached document filed as confidential information on **light green paper**. Use Form TCM-TR3.1-4.)
6. This case involves a protection from abuse order, a workplace violence restraining order, or a no – contact order. Yes ____ No ____ (If Yes, the initiating party must provide an address for the purpose of legal service but that address should not be one that exposes the whereabouts of a petitioner.) The party shall use the following address for purposes of legal service:

_____ Attorney's address
_____ The Attorney General Confidentiality program address
(contact the Attorney General at 1-800-321-1907 or e-mail address is **confidential@atg.in.gov**).
_____ Another address (provide)

7. This case involves a petition for involuntary commitment. Yes ____ No ____
8. If Yes above, provide the following regarding the individual subject to the petition for involuntary commitment:
- a. Name of the individual subject to the petition for involuntary commitment if it is not already provided in #1 above: _____
- b. State of Residence of person subject to petition: _____
- c. At least one of the following pieces of identifying information:
- (i) Date of Birth _____
- (ii) Driver's License Number _____
State where issued _____ Expiration date _____
- (iii) State ID number _____
State where issued _____ Expiration date _____
- (iv) FBI number _____

(v) Indiana Department of Corrections Number _____

(vi) Social Security Number is available and is being provided in an attached confidential document Yes ____ No ____

9. There are related cases: Yes ____ No ____ (If yes, list on continuation page.)

10. Additional information required by local rule:

11. There are other party members: Yes ____ No ____ (If yes, list on continuation page.)

12. This form has been served on all other parties and Certificate of Service is attached:
Yes ____ No ____

Attorney-at-Law
(Attorney information shown above.)