| Pro Se 11 (Rev. 12/16) Third−Party Complaint | | | | | | | | | | | | |
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| United States District Court | | | | | | | | | | | | |
| for the | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| District of | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Division | | | | | | | | | | | | |
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|  | | | | | )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  )  ) | Case No. | |  | | | | |
|  | | *(to be filled in by the Clerk’s Office)* | | | | |
| *Plaintiff(s)*  *(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write “see attached” in the space and attach an additional page with the full list of names.)*  **-v-** | | | | |  | | | | | | |
| Jury Trial: *(check one)* | | |  | Yes |  | No |
|  | | | | | | |
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|
| *Defendant, Third−party plaintiff(s)*  *(Write the full name of each defendant/third−party plaintiff. If the names of all the defendants/third−party plaintiffs cannot fit in the space above, please write “see attached” in the space and attach an additional page with the full list of names.)*  **-v-** | | | | |
|  | | | | |
| *Third−party defendant(s)*  *(Write the full name of each third−party defendant. If the names of all the third−party defendants cannot fit in the space above, please write “see attached” in the space and attach an additional page with the full list of names.)* | | | | |
|  | | | | | | | | | | | | |
| **THIRD – PARTY COMPLAINT** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **I. The Parties to This Complaint** | | | | | | | | | | | | |
| **A. The Plaintiff(s)**  Provide the information below for each plaintiff named in the complaint. Attach additional pages if  needed. | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | |
| Street Address | | | |  | | | | | | | | |
| City and County | | | |  | | | | | | | | |
| State and Zip Code | | | |  | | | | | | | | |
| Telephone Number | | | |  | | | | | | | | |
| E-mail Address *(if known)* | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| **B. The Defendant(s)/Third−Party Plaintiff(s)**  Provide the information below for each defendant/third−party plaintiff named in the complaint. Attach  additional pages if needed. | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | |
| Street Address | | | |  | | | | | | | | |
| City and County | | | |  | | | | | | | | |
| State and Zip Code | | | |  | | | | | | | | |
| Telephone Number | | | |  | | | | | | | | |
| E-mail Address | | | |  | | | | | | | | |
| **C. The Third−Party Defendant(s)**  Provide the information below for each third−party defendant named in the complaint, whether the  third−party defendant is an individual, a government agency, an organization, or a corporation. For an  individual third−party defendant, include the person’s job or title *(if known)*. Attach additional pages if  needed. | | | | | | | | | | | | |
| Third−Party Defendant No. 1 | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | |
| Job or Title *(if known)* | | | |  | | | | | | | | |
| Street Address | | | |  | | | | | | | | |
| City and County | | | |  | | | | | | | | |
| State and Zip Code | | | |  | | | | | | | | |
| Telephone Number | | | |  | | | | | | | | |
| E-mail Address *(if known)* | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| Third−Party Defendant No. 2 | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | |
| Job or Title *(if known)* | | | |  | | | | | | | | |
| Street Address | | | |  | | | | | | | | |
| City and County | | | |  | | | | | | | | |
| State and Zip Code | | | |  | | | | | | | | |
| Telephone Number | | | |  | | | | | | | | |
| E-mail Address *(if known)* | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| Third−Party Defendant No. 3 | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | |
| Job or Title *(if known)* | | | |  | | | | | | | | |
| Street Address | | | |  | | | | | | | | |
| City and County | | | |  | | | | | | | | |
| State and Zip Code | | | |  | | | | | | | | |
| Telephone Number | | | |  | | | | | | | | |
| E-mail Address *(if known)* | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| Third−Party Defendant No. 4 | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | |
| Job or Title *(if known)* | | | |  | | | | | | | | |
| Street Address | | | |  | | | | | | | | |
| City and County | | | |  | | | | | | | | |
| State and Zip Code | | | |  | | | | | | | | |
| Telephone Number | | | |  | | | | | | | | |
| E-mail Address *(if known)* | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| **II. Initial Complaint**  A. Identify the initial complaint filed against you and the date it was filed. Describe the events that gave  rise to the plaintiff’s complaint, the nature of the claims asserted, and the relief sought. Attach the  complaint as an exhibit. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| B. State whether you have filed an answer to the complaint and, if so, briefly summarize what admissions  or denials that answer asserted. Attach the answer as an exhibit. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **III. Third−Party Complaint**  A. Describe the nature of the relationship between you and the third−party defendant. Attach any contracts  or documents showing the nature of the relationship. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| B. Explain why, if the plaintiff received any judgment against you, you will be entitled to judgment against  the third−party defendant for contribution to or indemnification for the amount of damages and costs  awarded to the plaintiff. Include the percentage of the plaintiff’s recovery that the third−party defendant  will be required to contribute. Describe the facts, or relevant provisions of state law, that demonstrate  you are entitled to collect from the third−party defendant. | | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **IV. Certification and Closing**    Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information,  and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a  nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have  evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the  requirements of Rule 11.  **A. For Parties Without an Attorney**  I agree to provide the Clerk’s Office with any changes to my address where case−related papers may be  served. I understand that my failure to keep a current address on file with the Clerk’s Office may result  in the dismissal of my case. | | | | | | | | | | | | |
| Date of signing: | |  | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| Signature of Defendant/Third−Party Plaintiff | | | | | | |  | | | | | |
| Printed Name of Defendant/Third−Party Plaintiff | | | | | | |  | | | | | |
| **B. For Attorneys** | | | | | | | | | | | | |
| Date of signing: | |  | | | |  | | | | | | |
|  | | | | | | | | | | | | |
| Signature of Attorney | | |  | | | | | | | | | |
| Printed Name of Attorney | | |  | | | | | | | | | |
| Bar Number | | |  | | | | | | | | | |
| Name of Law Firm | | |  | | | | | | | | | |
| Street Address | | |  | | | | | | | | | |
| State and Zip Code | | |  | | | | | | | | | |
| Telephone Number | | |  | | | | | | | | | |
| E-mail Address | | |  | | | | | | | | | |
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