

1 [Attorney Name / Self-Represented Party Name]

2 _____

3 _____

4 _____

5
6 Self-Represented Party

7
8 COURT OF THE STATE OF [State]

9 FOR THE COUNTY OF [County]

10
11 [Plaintiff / Petitioner Name],

12 Plaintiff,

13
14 v.

15
16 [Defendant / Respondent Name],

17 Defendant.

18
19 **Case No. [Case Number]**

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22
23 **[INSERT FILING TITLE, E.G., ANSWER TO COMPLAINT / DECLARATION OF**
24 **PLAINTIFF / MOTION TO DISMISS]**

25
26
27 **I. PARTY INFORMATION**
28

1. The Plaintiff in this action is [Plaintiff / Petitioner Name], who resides at _____.

2. The Defendant in this action is [Defendant / Respondent Name], who resides at _____.

II. STATEMENT OF FACTS

3. [Enter the factual allegations or background of the case in numbered paragraphs. Describe the events, dates, and actions that gave rise to this legal proceeding in clear, chronological order.]

4. [Continue describing the facts of the case here, ensuring each distinct factual point is contained within its own numbered paragraph.]

5. _____

III. LEGAL CLAIMS / DEFENSES

6. [State the legal grounds, claims, or defenses that support your position. Reference any applicable statutes, rules, or legal principles that govern the issues presented in this filing.]

7. [Provide supporting arguments explaining why the Court should rule in your favor based on the facts described above and the applicable law.]

IV. PRAYER FOR RELIEF

1 WHEREFORE, the undersigned respectfully requests that this Court:

2
3 a. _____;

4
5 b. _____; and

6
7 c. Grant such other and further relief as the Court deems just and proper.

8
9 **Dated:** _____

10
11 **Signature:** _____

12 **Printed Name:** _____

13 **Role / Capacity:** Party, self-represented

14 **Address:** _____

15
16
17 **CERTIFICATE OF SERVICE**

18
19 I hereby certify that on _____, a true and correct copy of the foregoing document
20 was served upon the opposing party or their counsel of record listed below:

21
22 **Recipient Name:** [Recipient Name]

23 **Address:** [Recipient Address]

24 **Service Method:** [Service Method, e.g., First-Class Mail / Hand Delivery / Electronic Service]

25
26 **Dated:** _____

27
28 **Signature:** _____

1 **Printed Name:** _____

2 **Role / Capacity:** Party, self-represented

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