

NAME: _____	REQUEST DATE: _____
PHONE: _____	EMAIL: _____ DATE NEEDED: _____
I. TYPE OF ENTITY/PERSON FILING COMPLAINT AGAINST	
1. State of Incorporation: Name of Person:	_____
	1 st Person _____
	2 nd Person _____
	3 rd Person _____
	4 th Person _____
	5 th Person _____
2. Choose Entity Type:	3. Please complete corresponding details for Entity type:
Corporation	<input type="checkbox"/> Domestic <input type="checkbox"/> Close <input type="checkbox"/> SubChapter S <input type="checkbox"/> Non-Profit <i>*Please specify:</i> _____ <input type="checkbox"/> Mutual Benefit <input type="checkbox"/> Public Benefit <input type="checkbox"/> Religious
Foreign Qualification	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Professional State of Incorporation: _____ Date: _____
Limited Liability Company	<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <i>If Foreign, please Specify:</i> State of Incorporation: _____ Date: _____
4. Principal Business Address and Phone Number:	Business Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
5. Name and Address of Registered Agent for Service of Process:	<input type="checkbox"/> Individual <input type="checkbox"/> Attorney <input type="checkbox"/> Corporate Agency Name: _____ Business Address: _____ City: _____ State: _____ Zip: _____
6. Names and Titles of Officers:	_____ President and/or Chief Executive Officer _____ Chief Financial Officer or Treasurer _____ Secretary

LEGAL DOCUMENT SOLUTIONS

I. TYPE OF ENTITY/PERSON FILING COMPLAINT AGAINST (Cont'd)	
7. 1 st Person's Residential Address and Phone Number:	Business Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
2 nd Person's Residential Address and Phone Number:	Business Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
3 rd Person's Residential Address and Phone Number:	Business Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
4 th Person's Residential Address and Phone Number:	Business Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
5 th Person's Residential Address and Phone Number:	Business Address: _____ City: _____ State: _____ Zip: _____ Phone Number: _____
II. REASON FOR LAW SUIT	
8. Cause of Action:	<input type="checkbox"/> Breach of Contract <input type="checkbox"/> Defamation <input type="checkbox"/> Fraud <input type="checkbox"/> Personal Injury <input type="checkbox"/> Negligence <input type="checkbox"/> Real Property <input type="checkbox"/> Enforcement of Judgment
III. BACKGROUND INFORMATION	
9.	

10. Date of Occurrence:	_____
11. Did you execute any contracts/agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>* Attach all contracts, agreements or back-up materials to substantiate your Complaint.</i>
12. Service of Complaint:	Process Server Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No Certified Mail: <input type="checkbox"/> Yes <input type="checkbox"/> No

IV. ADDITIONAL COMMENTS OR INFORMATION

Specify any additional terms/comments: