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### STATEMENT OF FACTS

*[Write a short and simple description of the facts of your case. Include basic details such as where the events happened, when things happened and who was involved. Put each fact into a separate, numbered paragraph, starting with paragraph number 6. Use more pages as needed.]*

COMPLAINT

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## CLAIMS

### First Claim

(Name the law or right violated: \_\_\_\_\_)

(Name the defendants who violated it: \_\_\_\_\_)

[Explain briefly here what the law is, what each defendant did to violate it, and how you were harmed. You do not need to make legal arguments. You can refer back to your statement of facts.]

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Figure 1: A line graph showing the percentage of respondents who believe that the use of force is justified in various circumstances. The x-axis represents the percentage of respondents who believe that the use of force is justified, ranging from 0% to 100%. The y-axis represents the percentage of respondents who believe that the use of force is justified, ranging from 0% to 100%. The graph shows that the majority of respondents believe that the use of force is justified in all circumstances, with the highest percentage of respondents (approximately 85%) believing that the use of force is justified in all circumstances. The percentage of respondents who believe that the use of force is justified in some circumstances is approximately 15%.

5. *Journal of the American Medical Association*, 2000; 284: 2689-2695.

*(continued)*

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## COMPLAINT

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**Claim**

(Name the law or right violated: \_\_\_\_\_)

(Name the defendants who violated it: \_\_\_\_\_)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEMAND FOR RELIEF**

*[State what you want the Court to do. Depending on your claims, you may ask the Court to award you money or order the defendant to do something or stop doing something. If you are asking for money, you can say how much you are asking for and why you should get that amount, or describe the different kinds of harm caused by the defendant.]*

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Respectfully submitted,

Date: \_\_\_\_\_ Sign Name: \_\_\_\_\_  
Print Name: \_\_\_\_\_

COMPLAINT

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