

STATE OF NEW MEXICO
TWELFTH JUDICIAL DISTRICT COURT
COUNTY OF _____

_____, Plaintiff,

vs.

No. _____

_____, Defendant

_____, Address

_____, City/State

**CIVIL COMPLAINT
CLAIM FOR AUTO NEGLIGENCE**

1. Plaintiff or defendant resides, or may be found in, or this cause of action arose in this County.

2. *Complete applicable paragraph*

On or about _____, 20____, Defendant(s) owned and operated a motor vehicle at _____(location where damages occurred), New Mexico.

On or about _____, 20____, Defendant(s) owned a motor vehicle that was operated with his/her consent at _____(location where damages occurred), New Mexico.

3. At that time and place Defendant(s) negligently operated or maintained the motor vehicle so that it collided with Plaintiff's motor vehicle.

4. As a result, Plaintiff(s) suffered (*check only those that apply*):

Medical expenses in the amount of \$_____

Loss of earnings in the amount of \$_____

Automobile damages in the amount of \$_____

Other in the amount of \$_____

List other expenses:_____

Attach bills, estimates or other documentation.

5. Trial by jury is / is not (*check one*) demanded. (*If a jury is demanded, an additional cost must be paid upon filing*).

Note - If you need an interpreter, please complete a Request for Interpreter form.

Date

Signature

Print Name:_____

Address:_____

Phone No.:_____