

FORMS ARE GENERIC SUGGESTIONS. PARTIES AND THEIR ATTORNEYS SHOULD REVISE THEM TO ADDRESS THE UNIQUE CIRCUMSTANCES OF EACH CASE.

UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF FLORIDA

DIVISION
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In re)	
)	
,)	Case No. __: __ bk- ____ - __
)	Chapter
Debtor.*)	
_____)	
)	
)	
Plaintiff,)	
)	
vs.)	Adversary No. __: __ -ap- ____ - __
)	
)	
Defendant.)	
_____)	

THIRD PARTY COMPLAINT

Plaintiffs(s), [insert Plaintiff(s) name(s)], by and through [his or her or their or its] undersigned counsel, files this Third Party Complaint pursuant to [insert citations and/or relief sought] and alleges the following in support of the requested relief:

JURISDICTION

1. This is an adversary proceeding in which the original Plaintiff(s), [insert original Plaintiff(s) name], are seeking [insert relief].

*All references to "Debtor" include and refer to both debtors in a case filed jointly by two individuals.

Forms are generic suggestions. Parties and their attorneys should revise them to address the unique circumstances of each case.

2. The original Defendant(s), now Plaintiff(s) for the purpose of this Third Party Complaint, are seeking [insert relief] against [insert new party] who was not originally included in the adversary proceeding as a Plaintiff or Defendant.

3. This Court has jurisdiction pursuant to 28 U.S.C. §§ 157 and 1334.

4. This is a core proceeding pursuant to 28 U.S.C. § 157 [insert sub-section provisions].

5. Plaintiff(s) has standing to bring this action pursuant to [insert code provision(s)].

6. Venue is proper pursuant to 28 U.S.C. § 1409(a) and Local Rule 1071-1 of the United States Bankruptcy Court for the Middle District of Florida.

BACKGROUND FACTS

7. [insert all relevant background facts].

COUNT I

8. [insert all relevant information regarding each alleged Count].

WHEREFORE, Counsel respectfully requests the Court grant [insert relief sought] by Plaintiff and for such further relief as the Court deems appropriate.

Dated: [insert date].

/s/ Signature
Attorney Name
Attorney Bar No.
Attorney E-Mail
Attorney Address
Attorney Phone Number
Attorney for [insert name of client]

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PROOF OF SERVICE

A true and correct copy of the foregoing has been sent by either electronic transmission or U.S. Mail on _____ to:

/s/ Signature
Attorney Name
Attorney Bar No.
Attorney E-Mail
Attorney Address
Attorney Phone Number
Attorney for [insert name of client]