

(1" from top of page, and centered, begin title of Court)

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA**

Case No. _____ -CV- _____
(Judge's Last Name/Magistrate's Last Name)

(Full Name of Plaintiff/s),

Plaintiff (s)

vs.

(Full Name of Defendant/s),

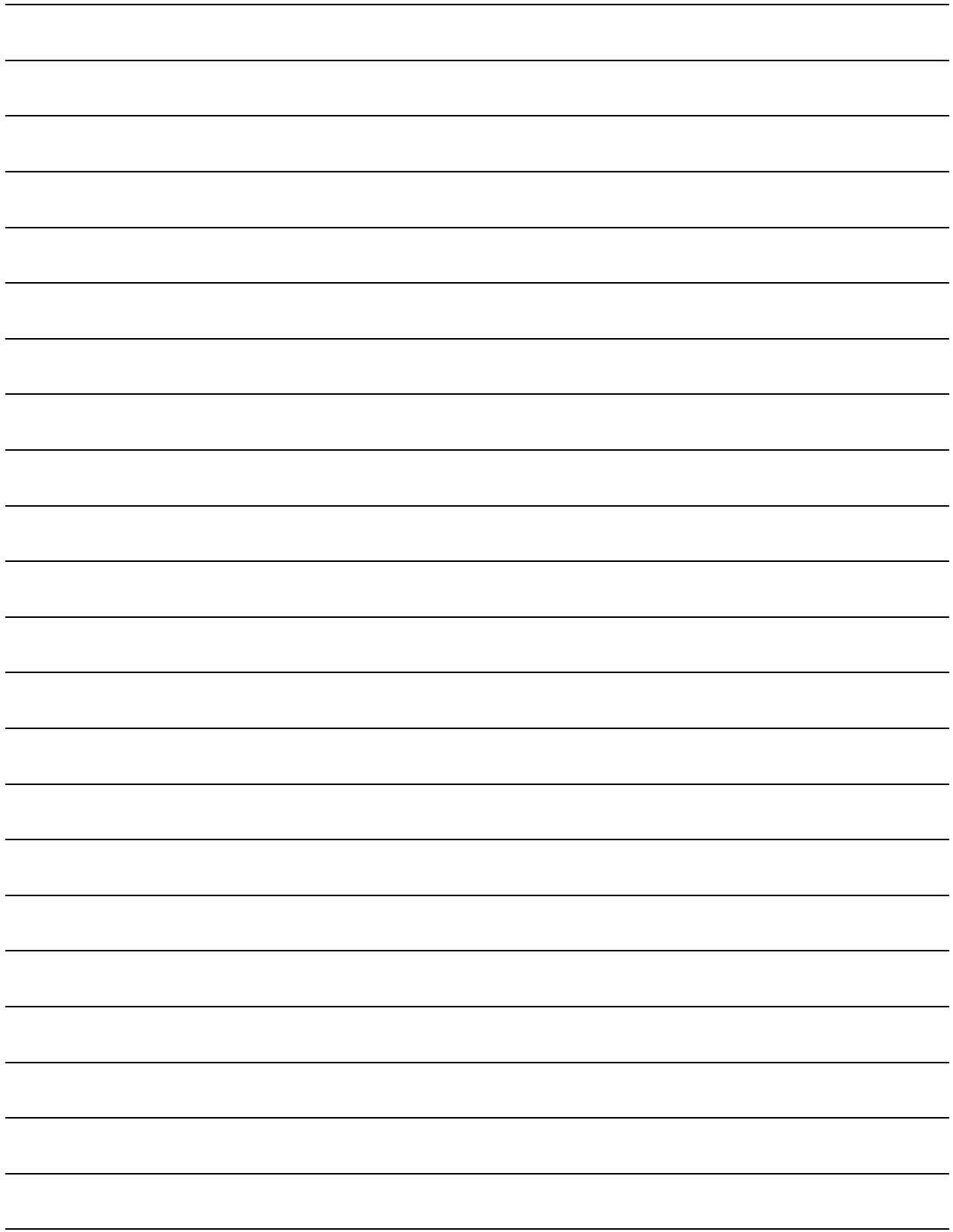
Defendant(s).

_____/

TITLE OF DOCUMENT

I, _____ [plaintiff or defendant], in the above styled

cause, _____



Dated: Month, day, year

Respectfully submitted,

Name of Filer

Attorney Bar Number *(if applicable)*

Attorney E-mail Address *(if applicable)*

Firm Name *(if applicable)*

Street Address

City, State, Zip Code

Telephone: _____

Facsimile: _____

Attorneys for Plaintiff/Defendant *[Party name(s)]*
(if applicable)

Certificate of Service

I hereby certify that a true and correct copy of the foregoing was served by

_____ [specify method of service] on _____ [date]

on all counsel or parties of record on the Service List below.

Signature of Filer

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Party or Attorney Name

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Attorney E-mail Address *(if applicable)*

Firm Name *(if applicable)*

Firm Name *(if applicable)*

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Telephone: _____

Telephone: _____

Facsimile: _____

Facsimile: _____

Attorneys for Plaintiff/Defendant
[Party's Name(s)] (if applicable)

Attorneys for Plaintiff/Defendant
[Party's Name(s)] (if applicable)