

UNITED STATES BANKRUPTCY COURT  
Southern District of Indiana

In re:	)	
_____	)	Case No. _____
_____ ,	)	
Debtor(s).	)	
_____	)	Adv. Proc. No. _____
_____ ,	)	
Plaintiff(s),	)	
	)	
vs.	)	
_____	)	
_____ ,	)	
Defendant(s).	)	

COMPLAINT TO/FOR  
[state nature of relief sought]

The Plaintiff(s) for [his/her/their] Complaint [to/for] [state nature of relief sought] against the Defendant(s) state(s) as follows:

- [In numbered paragraphs, provide **all** of the following:
- Why the bankruptcy court has jurisdiction over the matter;
  - Whether or not the plaintiff consents to the entry of final judgment by the Bankruptcy Judge;
  - The names of plaintiff and defendant, and a description of the transaction or other relationship between the parties that gives rise to the complaint;
  - The reasons why the plaintiff believes he/she has grounds to ask the court to determine that a debt is or is not dischargeable under 11 U.S.C. § 523, why the debtor should be denied a discharge under 11 U.S.C. § 727, or why the other relief listed in Fed.R.Bankr.P. 7001 is appropriate under the law;
  - The specific relief sought from the court.]

WHEREFORE, Plaintiff(s) respectfully request(s) that this Court [repeat relief sought].

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Signature of Plaintiff)*  
*(Printed Name of Plaintiff)*  
*(Address)*  
*(City, State, ZIP Code)*  
*(Phone with Area Code)*  
*(Fax with Area Code)*  
*(E-mail)*

**NOTE: If the adversary proceeding is not being filed electronically, the filer must provide a completed Adversary Proceeding Cover Sheet, available at <http://www.uscourts.gov/forms>.**

**If you are required to pay a filing fee for this adversary proceeding, the filing fee will not be refunded if the Complaint is dismissed or stricken.**