

IN THE _____ COURT OF _____ (County),
_____ (State)

(Name of Plaintiff)

PLAINTIFF

V.

CAUSE NO. _____

(Name of Director) Missouri Department of Revenue,
_____ and _____

DEFENDANTS

COMPLAINT

COMES NOW _____ (Name of Plaintiff), Plaintiff in the above-styled and numbered cause, and files this his Complaint against Defendants, _____ (Names of Defendant), and in support thereof would show unto the Court the following matters and facts:

1.

Plaintiff is an adult resident citizen of _____
_____ (street address, city, county, state, zip code).

2.

_____ (Defendant Alpha) is an adult resident citizen of _____
_____ (street address, city, county, state, zip code).

3.

_____ (Defendant Beta) is an adult resident citizen of _____
_____ (street address, city, county, state, zip code).

4.

Defendant _____ (Name of Director) Missouri Department of Revenue, is being named a party to this suit so that he will issue a replacement certificate of title to Plaintiff upon proof of Plaintiff's case and a ruling by this Honorable Court in Plaintiff's favor. _____ (Name of Director) may be served with process of this Court at his office located at _____
_____ (street address, city, county, state, zip code).

5.

On or about _____ (*date*), Plaintiff purchased an automobile from **Defendant Alpha**, which automobile can be more particularly described as (*put as much of the following information in the complaint as you know*):

Make _____

Model _____

Year _____

VIN _____

6.

On or about _____ (*date*), Plaintiff discovered that Defendant Alpha did not have title to said automobile.

7.

Title to said automobile is listed in the name of **Defendant Beta**, who has abandoned said title.

8.

Plaintiff submits that he is a good faith purchaser for value of said automobile and was defrauded by **Defendant Alpha**. Plaintiff furthers offer as proof of ownership the following: (*cancelled check, bill of sale, letters, etc., that would show that you purchased the automobile from Defendant Alpha*) _____
_____. Copies of the aforesaid are attached hereto as Exhibits A, B, C, etc. and made a part of this Complaint by reference thereto.

WHEREFORE, Plaintiff requests that this Honorable Court issue a judgment that he is the true and rightful owner of said Automobile and that Missouri Department of Revenue should issue to him a certificate of title pursuant to the laws of the state of Missouri to that effect.

Respectfully submitted,

Printed Name of Plaintiff

Signature of Plaintiff

State of Missouri
County of _____

Personally appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named _____ *(Name of Plaintiff)*, who, after being by me first duly sworn, did depose and say that the facts set forth in the above and foregoing Complaint are true and correct as therein stated.

Printed Name of Plaintiff

Signature of Plaintiff

Sworn to and subscribed before me, this the ___ day of _____, 20_____.

Notary Public or Deputy Clerk

My Commission Expires:

SEAL

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The **full** Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 if the party is a person and is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: _____ County/City of St. Louis: _____

Style of Case: _____
 (i.e. In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

***IMPORTANT:** It is the parties' responsibility to keep the court informed of any change of address or employment.*