UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ALABAMA

INSTRUCTIONS FOR PRISONERS FILING A COMPLAINT

This packet contains two copies of a complaint form and one copy of an Application to Proceed *In Forma Pauperis*. To start an action you must file an original signed and dated complaint.

Your complaint must be legibly handwritten or typewritten and the facts of the complaint must be set out clearly and concisely in chronological order. **You** must sign and date the complaint and provide complete contact information (i.e. address and prisoner number). If you need additional space to answer a question, you may use an additional back page. Do <u>NOT</u> write on the reverse side of the complaint form.

You will note that you are required to provide facts in your complaint. **THE COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.**

No more than one plaintiff may be named in a complaint. Each plaintiff must file a separate complaint and pay the filing fee or submit an Application to Proceed *In Forma Pauperis*.

Your complaint may be brought in this court only if one or more of the named individual defendants are located within the geographical area covered by the United States District Court for the Northern District of Alabama, which contains the following counties: Bibb, Blount, Calhoun, Cherokee, Clay, Cleburne, Colbert, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Shelby, St. Clair, Sumter, Talladega, Tuscaloosa, Walker, and Winston.

You must file a separate complaint for each claim that you have unless the claims are all related to the same incident or issue.

In order for your complaint to be filed, it must be accompanied by the filing fee of \$405.00. If you are unable to pay the filing fee for this action, you may petition the court to proceed as an indigent party. An Application to Proceed *In Forma Pauperis* is included in this packet.

Mail the original complaint and the filing fee of \$405.00 or an Application to Proceed *In Forma Pauperis* to the following address: Clerk's Office, United States District Court, Northern District of Alabama, Room 140, Hugo L. Black U.S. Courthouse, 1729 5th Avenue North, Birmingham, AL 35203-2195 or Clerk's Office, United States District Court, Northern District of Alabama, 101 Holmes Avenue, Huntsville, AL 35801

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ALABAMA

Plaintiff (Write your full name. No more than one plaintiff may be named in a complaint.))))	
-V-) Case N)))))	No(to be filled in by the Clerk's Office)
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all of the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here. Your complaint may be brought in this court only if one or more of the named defendants is located within this district.))))))	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee of \$405.00 or an Application to Proceed *In Forma Pauperis*.

Mail the original complaint and the filing fee of \$405.00 or an Application to Proceed *In Forma Pauperis* to the Clerk of the United States District Court for the Northern District of Alabama, Room 140, Hugo L. Black U.S. Courthouse, 1729 5th Avenue North, Birmingham, Alabama 35203-2195.

I. The Parties to this Complaint

A. The Plaintiff

B.

N f					
Name					
All other names by which you have been known:					
ID Number					
Current Institution					
Address					
		City		State	Zip Code
The Defendant(s)					
individual, a government ager below are identical to those co person's job or title (<i>if known</i>) individual capacity or official	ontained i	in the above caption. Fo	r an inc ging thi	ividual defendant, ir s complaint against t	nclude the
Defendant No. 1					
Name					
Job or Title (if known)					
Shield Number					
Employer					
Address					
		City		State	7in Code
		City		State	Zip Code
		City Individual Capacity		State Official Capacity	Zip Code
Defendant No. 2		·			Zip Code
Defendant No. 2 Name		·			Zip Code
		·			Zip Code
Name		·			Zip Code
Name Job or Title (if known)		·			Zip Code
Name Job or Title (if known) Shield Number		·			Zip Code
Job or Title (if known) Shield Number Employer		·			Zip Code Zip Code

	dant No. 3					
N	Name					
J	ob or Title (if known)					
S	Shield Number					
E	Employer	-				
A	Address					
			City		State	Zip Code
			Individual Capacity		Official Capacity	
Defen	dant No. 4					
N	Name					
J	ob or Title (if known)					
S	Shield Number					
E	Employer					
A	Address					
			City		State	Zip Code
			Individual Capacity		Official Capacity	
Bas	sis for Jurisdiction					
priv <i>Na</i> i	der 42 U.S.C. § 1983, you m vileges, or immunities secure med Agents of Federal Bured violation of certain constitut	ed by t au of N	he Constitution and [fedovarcotics, 403 U.S. 388 (eral lav	w]." Under <i>Bivens</i> v.	Six Unknown
A.	Are you bringing suit again	nst (ch	neck all that apply):			
	☐ Federal officials (a <i>B</i>	ivens (claim)			
	☐ State or local official	s (a §	1983 claim)			

II.

	C.	Plaintiffs suing under <i>Bivens</i> may only recover for violation of certain constitutional rights. If you are suing under <i>Bivens</i> , what constitutional right(s) do you claim is/are being violated by federal officials?				
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.				
III.	Pris	soner Status				
	Indi	cate whether you are a prisoner or other confined person as follows (check all that apply):				
		Pretrial Detainee				
		Civilly committed detainee				
		Immigration detainee				
		Convicted and sentenced state prisoner				
		Convicted and sentenced federal prisoner				
		Other (explain)				
IV.	Sta	tement of Claim				
	in tl incl clai	e as briefly as possible the facts of your case. Describe how each defendant was personally involved ne alleged wrongful action, along with the dates and locations of all relevant events. You may wish to ude further details such as the names of other persons involved in the events giving rise to your ms. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write ort and plain statement of each claim in a separate paragraph. Attach additional pages if needed.				
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.				
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.				

C.	What date and approximate time did the events giving rise to your claim(s) occur?
D.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what Was anyone else involved? Who else saw what happened?)
	ou sustained injuries related to the events alleged above, describe your injuries in detail.
If yo	ou sustained injuries related to the events alleged above, describe your injuries in detail.
Reli	ief
	ates. If requesting money damages, include the amounts of any actual damages and/or punitive tages claimed for the acts alleged. Explain the basis for these claims.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	☐ Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	☐ Yes
	□ No
	☐ Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	□ Yes
	□ No
	☐ Do not know
	If yes, which claim(s)?

D.		you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose cerning the facts relating to this complaint?
		Yes
		No
		o, did you file a grievance about the events described in this complaint at any other jail, prison, other correctional facility?
		Yes
		No
E.	If y	ou did file a grievance:
	1.	Where did you file the grievance?
	2.	What did you claim in your grievance?
	3.	What was the result, if any?
	4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

F.	пу	ou did not file a grievance:
	1.	If there are any reasons why you did not file a grievance, state them here:
	2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
G.		ease set forth any additional information that is relevant to the exhaustion of your administrative nedies.
		ote: You may attach as exhibits to this complaint any documents related to the exhaustion of you
Pre	viou	s Lawsuits
pay in a groi	ing ti ny fa unds	ee strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without he filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained acility, brought an action or appeal in a court of the United States that was dismissed on the that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless oner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).
	iciou	est of your knowledge, have you had any cases dismissed based on grounds that it was frivolous as, or failed to state a claim upon which relief may be granted?
Ш	Ye	S
	No	
	es, st sible	tate which court dismissed your case(s), when this occurred, and attach a copy of the order(s) if

VIII.

A.	Hav acti	ve you filed other lawsuits in state or federal court dealing with the same facts involved in this on?
		Yes
		No
B.		our answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If the is more than one lawsuit, describe the additional lawsuits on another page, using the same mat.)
	1.	Parties to the previous lawsuit
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		□ Yes
		□ No
	If no	o, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Printed Name of Plaintiff			
Prison Identification #			
Prison Address			
	City	State	Zip Code
I declare under penalty of perjury the	hat the foregoing is true and	correct.	
Executed on(Date)			

FOR USE BY INCARCERATED PERSONS

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALABAMA

APPLICATION TO PROCEED IN FORMA PAUPERIS

Declaring that the personal and financial information I have given below is true and correct, I apply to this Court for authority to proceed with this case without prepayment of fees, costs, or security

apply	to this	Court for authority to proceed with this case without prepayme	nt of fees	s, costs, or sec	urity				
1.	Your	Your full name:							
	Prese	nt mailing address:							
2.	Are y	ou presently employed? Yes \square No \square							
	If the	answer is "yes," give the name and address of your employer a	and the ar	nount of your	usual				
mont	hly salaı	y or wages.							
Name	e and Ac	dress:		-					
Amoi	unt of ea	rnings: \$ per (specify pay period)							
	If the	answer is "no," give the name and address of your last employ	er, when	you last work	ed,				
and tl	ne amou	nt of the monthly salary or wages you were receiving.							
Name	e and Ac	dress:							
Date	last wor	ked:							
Amoi	unt of ea	rnings: \$ per (specify pay period)							
3.	Have	you received within the past twelve months any money from a	ny of the	following					
sourc	es?								
	(a)	Business, profession, or any form of self-employment?	Yes □	No □					
	(b)	Interest, dividends, rents or investment income of any kind?	Yes □	No □					
	(c)	Pensions, annuities, or life insurance payments?	Yes □	No □					
	(d)	Gifts or inheritances?	Yes □	No □					
	(e)	Any other sources?	Yes □	No □					

If the answer to any of the above is "yes," describe each source of money and state the amount received from each during the past twelve months.

4.	Do you own cash, or do you have any money in any checking or saving accounts, including your
prisc	on or jail account? Yes □ No □
	If the answer is "yes," state the total amount. \$
5.	Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property
(excl	luding ordinary household items and clothing)? Yes □ No □
	If the answer is "yes," describe the property and state its approximate value.
6.	List the persons who are dependent upon you for support, stating your relationship to them and how much you contribute toward their support.
	I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and
corr	ect.
Doto	A.
Date	SIGNATURE OF PLAINTFF
	ADDRESS
	PRISONER NUMBER_

★★★ IMPORTANT NOTICE ★★★

Your application to proceed *in forma pauperis* is NOT COMPLETE and WILL NOT BE CONSIDERED by the Court unless the page entitled "INFORMATION REGARDING PRISONER ACCOUNTS" is properly completed and certified.

INFORMATION REGARDING PRISONER ACCOUNTS

The Prison Litigation Reform Act, Pub. L. No. 104-134, § 804, requires a prisoner seeking to proceed *in forma pauperis* to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six months. This information <u>must</u> be certified by prison or jail personnel and <u>must</u> include <u>both</u> the total deposits made to the prisoner's account each and every month for the preceding six months and the average monthly balance in the account each and every month during the preceding six months. Information for six <u>full</u> months must be provided.

CERTIFICATION

I hereby certif	y that prisoner		has been
incarcerated in this instit	tution since		_, and that the prisoner has the
sum of \$	in his/he	er prison or jail trust accoun	t on this the day of
	I further ce	ertify that the information prov	ided below is true and correct.
	Month/Year	Total Deposits Received	Average Account Balance
Month 1			\$
Month 2		\$	\$
Month 3			\$
Month 4		\$	\$
Month 5			\$
Month 6			\$
Current month (if less than full month)		_ \$	\$
Dated:		Signature of Authorized Officer of Institution	
		Name of Institution	