

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)

(Enter your full name, prison number and address)

v.

\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)

(Enter the full name and address(es), if know, of the defendant(s) in this action)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

Instructions for filing a Complaint by a Prisoner  
Under the Civil Rights Act, 42 U.S.C. § 1983

This packet contains one copy of a complaint form and one copy of an application to proceed *in forma pauperis*. To start an action, you must file an original and one copy of this complaint form.

Your complaint must be clearly handwritten or typewritten and you must sign and declare under penalty of perjury that the facts are correct. If you need additional space to answer a question, you may use another blank page.

Your complaint can be brought in this Court only if one or more of the named defendants is located within the District of Columbia. Further, you must file a separate for each claim that you have unless they are related to the same incident or problem. The law requires that you state only facts in your complaint.

You must supply a certified copy of your prison trust account, pursuant to the provisions of 28 U.S.C. §1915, effective April 26, 1996. The filing fee is \$400.00. If insufficient funds exist in your prison account at the time of filing your complaint, the court must access, and when funds exist, collect an initial filing fee equal to 20 percent of the greater of:

- (1) the average monthly deposits to your prison account, or
- (2) the average monthly balance of your prison account for the prior six-month period.

Thereafter, you are required to make monthly payments of 20% of the preceding month's income. The agency having custody over you must forward payments from your account to the clerk of the court each time the amount in the account exceeds \$10.00 until the filing fees are paid.

Therefore, before an assessment can be made regarding your ability to pay, you must submit a certified copy of your prison account for the prior six-month period.

When this form is completed, mail it and the copy to the Clerk of the United States District Court for the District of Columbia, 333 Constitution Ave., N.W., Washington, D.C. 20001.

**I. SUCCESSIVE CLAIMS**

Pursuant to the Prison Litigation Reform Act of 1995, unless a prisoner claims to be in "imminent danger of serious physical injury," he or she may not file a civil action or pursue a civil appeal *in forma pauperis* "if the prisoner has, on three or more occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or they failed to state a claim upon which relief could be granted."

**II. PREVIOUS LAWSUITS**

- A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? Yes ( ) No ( )
- B. Have you begun other lawsuits in state or federal court relating to your imprisonment? Yes ( ) No ( )
- C. If your answers to A or B is Yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

- 1. Parties to this previous lawsuit.

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

- 2. Court (If federal court, please name the district; if state court name the county.)

\_\_\_\_\_

- 3. Docket number: \_\_\_\_\_

- 4. Name of judge to whom case was assigned: \_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_  
\_\_\_\_\_
6. Approximate date of filing lawsuit: \_\_\_\_\_  
\_\_\_\_\_
7. Approximate date of disposition: \_\_\_\_\_  
\_\_\_\_\_

### III. PLACE OF CONFINEMENT

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- A. Is there a prisoner grievance procedure in this institution? Yes ( ) No ( )  
If your answer is Yes, go to Question III B. If your answer is No, skip Questions III, B, C and D and go to Question III E.
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure?  
Yes ( ) No ( )
- C. If your answer is Yes to Question III B:
1. To whom and when did you complain? \_\_\_\_\_  
\_\_\_\_\_
  2. Did you complain in writing? (Furnish copy of the complaint you made, if you have one.) Yes ( ) No ( )
  3. What, if any, response did you receive? (Furnish copy of response, if in writing.) \_\_\_\_\_  
\_\_\_\_\_
  4. What happened as a result of your complaint? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. If your answer is No to Question III B, explain why not. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ( ) No ( )
- F. If your answer is Yes to Question III E;
1. To whom and when did you complain? \_\_\_\_\_  
\_\_\_\_\_

2. Did you complain in writing? (Furnish copy of the complaint you made, if you have one.) Yes ( ) No ( )

3. What, if any response did you receive? (Furnish copy of response, if in writing.)

\_\_\_\_\_

4. What happened as a result of your complaint? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. PARTIES**

In item A below, place your name and prison number in the first blank and your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of Plaintiff: \_\_\_\_\_

Address: \_\_\_\_\_

In item B below, place the full name of the defendant(s) in the first blank, their official position in the second blank, their place of employment in the third blank, and their address in the fourth blank. Do the same for additional defendants, if any.

B. Defendant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



# UNITED STATES DISTRICT COURT

for the

\_\_\_\_\_ District of \_\_\_\_\_

_____ )	
<i>Plaintiff/Petitioner</i> )	
v. )	Civil Action No.
_____ )	
<i>Defendant/Respondent</i> )	

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_ .  
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ \_\_\_\_\_ , and my take-home pay or wages are: \$ \_\_\_\_\_ per  
(specify pay period) \_\_\_\_\_ .

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: \$ \_\_\_\_\_ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Printed name*