

## INSTRUCTIONS FOR FILING A CIVIL RIGHTS COMPLAINT

Attached is a complaint form for filing an action under 42 U.S.C. § 1983. Observe the following instructions for completing the complaint:

**1. Caption:** It is very important, if possible, that you state the first and last name of each defendant and badge number, if appropriate. You are required to furnish the correct name and address of each person so that service of process upon each defendant can be made.

**2. Contents:** The form should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8 ½ by 11 paper to your complaint. You are required to state facts, such as the date and location of the events. You need not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature by each plaintiff. The complaint need not be notarized.

**3. Copies:** You must send the Court the original complaint and two exact copies (a complete set of three). You should keep another copy for your records. Copies can be xeroxed, handwritten or typewritten, but all copies must be identical to the original.

**4. Fee:** The filing fee is **\$402**, payable to the Clerk of the Court, USDC, EDNY by certified check, bank check, personal check, money order or cash (if paying in person). If the filing fee is paid, the U.S. Marshal will not be directed to serve the defendants and plaintiff will be responsible for service of process on defendants. Service of the summons and complaint can be made by anyone over the age of 18 who is not a party to the action. See Fed. R. Civ. P. 4. If you are granted *in forma pauperis* status and are a prisoner, the filing fee is **\$350** and is payable in installments.

**5. Inability to Pay the Fee:** If you cannot pay the fee, you may apply to the Court to proceed *in forma pauperis* (IFP) pursuant to 28 U.S.C § 1915 by completing the attached form. If there is more than one plaintiff, each plaintiff must provide a separate declaration in support of the request to proceed *in forma pauperis*. If you are a prisoner, you must also complete the attached Prisoner Authorization form.

**6. Prison's Grievance Procedures:** Prisoners filing an action in federal court regarding prison conditions must first exhaust administrative procedures (such as the prison's grievance procedures). See 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies before filing your action in federal court.

When you have completed the forms, mail the original and 2 copies to the:

United States District Court  
Eastern District of New York  
225 Cadman Plaza East, Brooklyn, NY 11201  
Attention: Pro Se Office

or

United States District Court  
Eastern District of New York  
100 Federal Plaza, Central Islip, NY 11722  
Attention: Pro Se Office

Keep this page and a copy of the complaint for your records. You may call 718-613-2665 in Brooklyn or 631-712-6060 in Central Islip if you have questions on how to file your complaint.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

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

Plaintiff,

[Insert full name of plaintiff/prisoner]

**CIVIL RIGHTS COMPLAINT**  
42 U.S.C. § 1983

JURY DEMAND

YES \_\_\_\_\_ NO \_\_\_\_\_

-against-

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

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

**I. Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

**A. Name of plaintiff** \_\_\_\_\_

If you are incarcerated, provide the name of the facility and address:

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

Prisoner ID Number: \_\_\_\_\_

If you are not incarcerated, provide your current address:

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Telephone Number: \_\_\_\_\_

**B. List all defendants.** You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

\_\_\_\_\_

Full Name

\_\_\_\_\_

Job Title

\_\_\_\_\_

Address

Defendant No. 2

\_\_\_\_\_

Full Name

\_\_\_\_\_

Job Title

\_\_\_\_\_

Address

Defendant No. 3

\_\_\_\_\_

Full Name

\_\_\_\_\_

Job Title

\_\_\_\_\_

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Address

Defendant No. 4

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Full Name

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Job Title

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Address

Defendant No. 5

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Full Name

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Job Title

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Address

**II. Statement of Claim:**

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? \_\_\_\_\_

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When did the events happen? (include approximate time and date) \_\_\_\_\_

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**III. Relief:** State what relief you are seeking if you prevail on your complaint.

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I declare under penalty of perjury that on \_\_\_\_\_, I delivered this  
(date)  
complaint to prison authorities at \_\_\_\_\_ to be mailed to the United  
(name of prison)  
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff

\_\_\_\_\_  
Name of Prison Facility or Address if not incarcerated

\_\_\_\_\_  
Address

\_\_\_\_\_  
Prisoner ID#

# UNITED STATES DISTRICT COURT

for the

\_\_\_\_\_ )  
*Plaintiff/Petitioner* )  
 v. )  
 \_\_\_\_\_ )  
*Defendant/Respondent* )

Civil Action No. \_\_\_\_\_

## 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*



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

PRISONER AUTHORIZATION

Case Name: \_\_\_\_\_ vs. \_\_\_\_\_  
(Enter full name of plaintiff(s)) (Enter full name of defendant(s))

Docket Number: \_\_\_\_\_ -CV- \_\_\_\_\_ ( )  
(Enter the docket number if available; if filing with your complaint, leave blank)

The Prison Litigation Reform Act ("PLRA" or "Act") amended the *in forma pauperis* statute (28 U.S.C. § 1915) and applies to your case. Under the PLRA, you are required to pay the full filing fee when bringing a civil action if you are currently incarcerated or detained in any facility. If you do not have sufficient funds in your prison account at the time your action is filed, the Court must assess and collect payments until the entire filing fee of \$350 has been paid, **no matter what the outcome of the action.**

**SIGN AND DATE THE FOLLOWING AUTHORIZATION:**

I, \_\_\_\_\_ (print or type your name), request and authorize the facility institution or agency holding me in custody to send to the Clerk of the United States District Court for the Eastern District of New York, or, if this matter is transferred to another district court, to the Clerk of the transferee court, a certified copy of my prison account statement for the past six months. I further request and authorize the facility or agency holding me in custody to calculate the amounts specified by 28 U.S.C. § 1915(b), to deduct those amounts from my prison trust fund account (or institutional equivalent), and to disburse those amounts to the United States District Court for the Eastern District of New York. This authorization shall apply to any facility or agency into whose custody I may be transferred, and to any other district court to which my case may be transferred and by which my *in forma pauperis* application may be decided.

**I UNDERSTAND THAT BY SIGNING AND RETURNING THIS NOTICE TO THE COURT, THE ENTIRE COURT FILING FEE OF \$350 WILL BE PAID IN INSTALLMENTS BY AUTOMATIC DEDUCTIONS FROM MY PRISON TRUST FUND ACCOUNT EVEN IF MY CASE IS DISMISSED.**

\_\_\_\_\_  
Signature of Plaintiff Date Signed

Prisoner I.D. Number(s) \_\_\_\_\_

Name of Current Facility \_\_\_\_\_