

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 \$400, 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:

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

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

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? _____

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

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

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#