

INSTRUCTIONS FOR PRISONERS SEEKING TO FILE A CIVIL RIGHTS COMPLAINT

You must comply with the following instructions before the
Clerk will file your Complaint

The Eastern District of Washington encourages you to submit your Complaint on the form furnished by the Court (a form is attached). To start an action you should file an original Complaint. You should also keep a copy for your own records.

You must submit either \$400.00 (\$350.00 filing fee + \$50 administrative fee) or a completed *in forma pauperis* application, including a certified copy of your inmate trust fund account (or institutional equivalent). Carefully read the information sheet for prisoners seeking leave to proceed *in forma pauperis* (without prepayment of the entire filing fee).

You may bring your Complaint in the United States District Court for the Eastern District of Washington only if one or more of the named defendants is located within this district, or if your claim arose in this district. If you have more than one claim, you must file a separate Complaint for each claim unless they are related to the same incident or issue.

Your Complaint must be legibly handwritten or typed. NOTE: DO NOT WRITE ON THE BACK OF ANY OF THE PAGES OF THE COMPLAINT; any writing on the back of any page might not be considered by the Court. If you need additional space to answer a question, you should attach additional sheets of paper of the same (8½ x11) size.

You are required to give dates and state facts in support of each claim. Describe how each defendant, by name, violated your civil rights. You must sign the Complaint.

You must keep the Clerk of Court informed of any change of address. If you fail to do so, the Clerk cannot be responsible for your failure to receive Court Orders. This also could result in the dismissal of your suit.

Mail your completed forms to:

Clerk, U.S. District Court
Eastern District of Washington
P.O. Box 1493
Spokane, WA 99210

United States District Court
Eastern District of Washington

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Case No. _____
(To be filled out by Clerk's
Office only)

COMPLAINT

(Pro Se Prisoner)

Jury Demand?

Yes

No

(In the space above enter the full name(s) of the defendant(s).

If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section IV. Do not include addresses here.)

NOTICE

Federal Rule 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.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

I. COMPLAINT

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their conditions of confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a “Bivens” action (against federal defendants).

- 42 U.S.C. § 1983 (state, county, or municipal defendants)

- Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)

II. PLAINTIFF INFORMATION

Name (Last, First, MI)	Aliases
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Prisoner ID #

Place of Detention

Institutional Address

County, City	State	Zip Code
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III. PRISONER STATUS

Indicate whether you are a prisoner or other confined person as follows:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner

Defendant(s) Continued

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

Defendant 4:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

VI. ADMINISTRATIVE PROCEDURES

WARNING: Prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies.

Have you filed a grievance concerning the facts relating to this complaint? Yes No

If no, explain why not:

Is the grievance process completed? Yes No

If no, explain why not:

VII. RELIEF

State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

INFORMATION TO PRISONERS SEEKING LEAVE TO PROCEED WITH A CIVIL ACTION IN FEDERAL COURT *IN FORMA PAUPERIS* PURSUANT TO 28 U.S.C. § 1915

Under the 1996 amendments to the federal *in forma pauperis* (IFP) statute, as a prisoner you will be required to pay the full federal court filing fee of \$350.00 for a civil action, or \$455.00 for an appeal.

If you have the money to pay the filing fee, you should send a cashier's check or money order in the amount of \$400.00 (\$350.00 filing fee, plus an administrative fee of \$50.00) to the court with your Complaint. If you do not have enough money to pay the full filing and administrative fees at the time you submit your Complaint, you must submit: (1) a signed Declaration and Application to Proceed *In Forma Pauperis*; (2) a signed Acknowledgment and Authorization; and (3) a certified copy of your inmate trust fund account (or institutional equivalent) for the past six months. You must declare under penalty of perjury the information you provide is correct. If you submit an incomplete form to the court or do not submit a certified statement of your account (or institutional equivalent), your case will not be permitted to proceed further.

If the court grants you leave to proceed in forma pauperis, that is, without prepayment of fees, you may be required to pay an initial partial filing fee equal to 20 percent of the average monthly deposits to your prison or jail account for the six months immediately preceding the filing of the lawsuit, or 20 percent of the average monthly balance in your prison or jail account for the same six month period, whichever is greater. By General Order, the court has directed that when the institution having custody of you receives your signed Acknowledgment and Authorization included in your application, it will take the initial partial filing fee (or available funds) out of your prison or jail account immediately and forward that money to the court.

Each month you will owe payment of 20 percent of your preceding month's income credited to your account, until the filing fee is paid in full. The institution having custody of you will collect these payments each time the amount in the account exceeds \$10.00 and forward them to the court pursuant to 28 U.S.C. § 1915(b)(2), as enacted April 26, 1996.

Regardless whether some or all of the filing fee has been paid, the court is required to screen your Complaint and dismiss the Complaint if (1) your allegation of poverty is untrue; (2) the action is frivolous or malicious; (3) your Complaint does not state a claim on which relief can be granted; or (4) you seek monetary damages from a defendant who is immune from such relief. Furthermore, you must **exhaust** all available administrative remedies before bringing a civil action in federal court.

Finally, if, while you are a prisoner, you file three or more actions or appeals in any federal court in the United States that are dismissed as frivolous or malicious or for failure to state a claim on which relief can be granted, you will be prohibited from bringing any other actions *in forma pauperis* unless you can demonstrate with specific facts that you are in imminent danger of serious physical injury.

***ONLY USE THIS FORM IF YOU ARE BRINGING A CIVIL RIGHTS ACTION. DO NOT USE THIS FORM IF YOU ARE BRINGING A PETITION FOR WRIT OF HABEAS CORPUS.**

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON**

Plaintiff

vs.

**DECLARATION AND APPLICATION
TO PROCEED *IN FORMA PAUPERIS*
BY A PRISONER BRINGING A
CIVIL RIGHTS ACTION PURSUANT
TO 42 U.S.C. § 1983***

CASE NUMBER:

Defendant(s)

I, _____, declare that I am the plaintiff in the above-entitled proceeding; in support of my request to proceed without prepayment of fees under 28 U.S.C. § 1915, I declare I am unable to pay the full filing fee or give security for it; and I am entitled to relief. The nature of my action is *briefly* stated as follows:

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

1. Are you currently incarcerated? YES NO (If “NO”, **DO NOT USE THIS FORM**)

If “YES”, state the place of your incarceration: _____

NOTICE: You must sign the Acknowledgment and Authorization portion of this application and attach a certified copy of your inmate trust fund account statement (or institutional equivalent) for the past six months.

2. Are you currently employed? YES NO

a. If the answer is YES, state the amount of your salary, wages or gratuity per month, and identify your employer.

b. If the answer is NO, state the date of your last employment, the amount of your salary or wages (net and gross) and pay period, and the name and address of your last employer.

(Rev 05/13)

3. In the past twelve months, have you received any money from any of the following sources?
- | | | | |
|----|--|------------------------------|-----------------------------|
| 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. | Pensions, annuities or life insurance payments | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. | Disability or workers 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 the answer to any of the above is "YES", describe by that item each source of money and state the amount received **and** what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have **any** cash or do you have any money in a checking or savings account?
(Do not include your inmate trust fund account.) YES NO

If "YES", state the total amount: \$ _____

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? YES NO

If "YES", describe the property and state its value: _____

6. Do you have any other assets? YES NO

If "YES", list the asset(s) and state the value of each asset listed:

7. List the persons who are dependent on you for support, state your relationship to each person and indicated how much you contribute to their support:

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

Executed on: _____
 Date

 Signature of Applicant

Cause No. _____

ACKNOWLEDGMENT AND AUTHORIZATION

By choosing to bring a civil rights action, I acknowledge that I am responsible for payment of the full amount of the filing fee under 28 U.S.C. § 1915. I request and authorize the agency having custody of me to calculate, withdraw, and disburse funds from my inmate trust fund account in the amounts specified by 28 U.S.C. § 1915(b). I understand the total filing fee which I am obligated to pay is \$350.00. I also understand this fee will be debited from my account regardless of the outcome of my lawsuit. This authorization shall apply to any other agency into whose custody I may be transferred.

Date

Signature of Applicant

Name of Applicant
(As recognized by the Department of Corrections/
Correctional Facility in which you are incarcerated)

Inmate No.