

## 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

\_\_\_\_\_  
*Plaintiff's full name and prisoner number*

Plaintiff,

v.

Case No. \_\_\_\_\_  
(leave blank – for court staff only)

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

**PRISONER CIVIL RIGHTS  
COMPLAINT**

\_\_\_\_\_  
*Defendant's/defendants' full name(s)*

Defendant(s).

Jury Demand?

Yes

No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

**WARNINGS**

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

- |                                       |                        |
|---------------------------------------|------------------------|
| Do <u>not</u> include:                | Instead, use:          |
| • a full social security number       | → the last four digits |
| • a full birth date                   | → the birth year       |
| • the full name of a minor            | → the minor's initials |
| • a complete financial account number | → the last four digits |

5. At this stage of the proceeding, you need not submit exhibits, affidavits, grievances, witness statements, or any other materials with this complaint to the Clerk's Office. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

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## I. PLAINTIFF INFORMATION

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Name (Last, First, MI)

Aliases/Former Names

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Prisoner ID #

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Place of Detention

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Institutional Address

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County, City

State

Zip Code

*Indicate your status:*

- |   |   |
|---|---|
| <input type="checkbox"/> Pretrial detainee          | <input type="checkbox"/> Convicted and sentenced state prisoner   |
| <input type="checkbox"/> Civilly committed detainee | <input type="checkbox"/> Convicted and sentenced federal prisoner |
| <input type="checkbox"/> Immigration detainee       |   |



**III. STATEMENT OF CLAIM(S)**

*In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.*

*If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under “Count I” (i.e., medical) and the other claim under “Count II” (i.e., religion).*

*Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.*

*If you have more than three counts, attach additional pages and follow the same format for each count.*

*If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).*

**COUNT I**

*Identify the first right you believe was violated and by whom:*

1.1

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*State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

1.2

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*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.*

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**COUNT III**

*Identify the third right you believe was violated and by whom:*

3.1

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*State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

3.2

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**IV. RELIEF**

*State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.*

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**V. SIGNATURE**

*By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.*

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Dated

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Plaintiff's Signature

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.