

Complaint by a Prisoner For Violation of Civil Rights Instructions

1. You may use this form to file an action under 42 U.S.C. § 1983 to challenge a constitutional violation by a person who acts under the authority of a city, county, or state government.
2. You may also use this form to bring a civil rights action against a person who acts under the authority of the federal government. An action for a civil rights violation against a federal defendant is called a “Bivens” action, and is brought under 28 U.S.C. § 1331.
3. Make sure the form is typed or neatly written.
4. You must tell the truth and sign the form. The Court may sanction you if you make a false statement.
5. You need to provide the facts which show the defendant(s) did something to violate your constitutional right. You may submit additional letter-size pages if necessary to describe what happened. You do not need to cite law.
6. The full filing fee is \$400.00. If this fee is paid, your complaint will be filed and the Court will order the clerk to serve the complaint on the defendant(s), unless it is clear based on what you allege in the complaint you cannot show a constitutional violation.
7. If you cannot pay the \$400.00 filing fee in full when you file your complaint, you may ask to proceed without prepayment by filling out a motion to proceed *in forma pauperis*. You must submit a certificate signed by an officer at your institution showing the amount of money the institution is holding for you in your trust account and attach a statement of your institution account for the past 6 months.
8. If you are allowed to proceed *in forma pauperis*, you will not have to pay a fee at the time you file your complaint. **You must still, however, pay a \$350 filing fee.** The \$350.00 will be taken out of your institution account in installments, and sent to the Clerk’s office. This is required by 28 U.S.C. § 1915. If your motion is granted, the Court will order the Clerk to serve the complaint, unless it is clear based on what you allege in the complaint you cannot show a constitutional violation.
9. After you complete the complaint form, send the original to either address below:

Office of the Clerk of Court
United States District Court of Wyoming
111 South Wolcott, Room 211

Casper, WY 82601
Office of the Clerk of Court
United States District Court of Wyoming
2120 Capitol Avenue, Room 2131
Cheyenne, WY 82001

10. **CAUTION: You must exhaust (use up) all the administrative remedies available to you, including appealing your grievances, before you can bring a civil rights action.**

11. When you file other documents, send the Clerk an original. (Remember to keep a copy of the complaint and other documents for yourself.) Also send a copy of any document you file (other than the complaint) to each defendant's attorney. Include a certificate of service which shows when you mailed the document to the attorney. State the date you placed the document in the prison mailing system or gave the document to prison officials to mail, and state whether first-class postage has been prepaid.

United States District Court
District of Wyoming

Plaintiff(s)

(In the space above enter the full name(s) of the plaintiff(s). If you cannot fit the names of all of the plaintiffs 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),

v. (-against-)

Defendant(s)

(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.)

Case No. _____

(To be filled out by Clerk's
Office only)

COMPLAINT

(Pro Se Prisoner)

Jury Demand?

Yes

No

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.

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)*

PLAINTIFF INFORMATION

Name (Last, First, MI)

Aliases

Prisoner ID #

Place of Detention

Institutional Address

County, City

State

Zip Code

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) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper using the same format for any additional defendants.

Defendant 1:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

Defendant 2:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

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

STATEMENT OF CLAIM ONE

Place(s) of occurrence: _____

Date(s) of occurrence: _____

State which of your federal constitutional or federal statutory rights have been violated:

State here briefly the **FACTS** that support your case. Describe how each defendant was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you

FACTS:

What happened to you?

Who did what?

[Attach additional sheets of paper using the same format for additional claims.]

ADMINISTRATIVE PROCEDURES

PLEASE NOTE: 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.

Exhaustion of Administrative Remedies as to Claim One

- (a) Is there a grievance procedure at your institution? Yes No
- (b) Have you filed a grievance about the facts in claim one? Yes No

(If you did not file a grievance, skip to d.)

(c) If your answer is YES:

- 1. Was the grievance: Informal Formal Both
- 2. What was the result? _____

- 3. Did you appeal? Yes No
- 4. If you did appeal, what was the result? _____

(d) If your answer is NO, explain why you did not file a grievance: _____

Exhaustion of Administrative Remedies as to Claim Two

- (a) Is there a grievance procedure at your institution? Yes No
- (b) Have you filed a grievance about the facts in claim one? Yes No

(If you did not file a grievance, skip to d.)

(c) If your answer is YES:

- 1. Was the grievance: Informal Formal Both
- 2. What was the result? _____

3. Did you appeal? Yes No

4. If you did appeal, what was the result? _____

(d) If your answer is NO, explain why you did not file a grievance: _____

[Attach additional sheets of paper using the same format for additional claims.]

RELIEF

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

PRISONER’S LITIGATION HISTORY

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in forma pauperis in federal court if that 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 fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. §1915(g).

cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the facts in this complaint are true to the best of my knowledge, information and belief. I understand if this certification is not correct, I may be sanctioned by the Court.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Plaintiff must sign and date the complaint and provide prison identification number and prison address.

Dated

Plaintiff's Signature

Plaintiff's Printed Name (Last, First, MI)

Plaintiff's Prison Identification #

Prison Address

City

State

Zip Code

CERTIFICATION OF MAILING

I declare under penalty of perjury this Complaint was placed in the institutional mailing system or deposited with prison officials on the _____ (month, day, year). I attest first-class postage has been prepaid.

Executed (signed) on _____ . (date)

Signature of plaintiff