

**INSTRUCTIONS FOR FILING COMPLAINT UNDER THE
CIVIL RIGHTS ACT, 42 U.S.C. § 1983, BY PERSONS CONFINED IN
CORRECTIONAL FACILITIES**

This packet includes copies of a complaint form and copies of a form entitled "Affidavit in Support of Request to Proceed *In Forma Pauperis*."

Before bringing this lawsuit, you must seek relief within your institution and exhaust any grievance procedures available. If you do not exhaust available grievance procedures, your case will be dismissed. 42 U.S.C. § 1997e.

To open your case, you must submit the original and two copies of the completed complaint form to the Clerk of the United States District Court. You should keep a fourth copy of the complaint for your own records. **All copies of the complaint must be identical to the original.**

Your complaint will not be considered unless you follow these instructions.

1. Your complaint must be legibly handwritten or typewritten. Answer each question to the best of your knowledge and belief. Be concise.
2. Each plaintiff must sign the complaint and include his/her inmate registration number.
3. If you require additional space to answer a question or state your claim, attach blank pages to the form. Use 8-1/2 x 11 sized paper, if possible. Do not use the back of the form for additional space, unless you cannot obtain blank pages.
4. Provide facts supporting your claims. You must explain what each defendant did to violate your federal rights.
5. You must file a separate complaint for each claim unless the claims involve the same incident, issues or actions of the defendant. Separate plaintiffs should file separate complaints unless their claims are related to the same incident or issue.
6. Your complaint should be brought in the Western District of Missouri only if all defendants reside in this district or if your claim arose in this district. (Note: Farmington, Pacific, Moberly and Potosi are **NOT** in the Western District of Missouri.)
7. Documents certified as true under penalty of perjury do not need to be notarized. See 28 U.S.C. § 1746.

FILING FEES AND PROCEEDING IN FORMA PAUPERIS

Your complaint must be accompanied by a filing fee of \$150.00. In addition, you will be required to pay the costs of serving a copy of your complaint on each of the named defendants.

If you are currently unable to pay the filing fee and the costs of service, you may request permission to proceed *in forma pauperis* (IFP). Prisoners who proceed IFP must pay the full filing fee. If you have insufficient funds in your account, the court will assess and, when funds exist, collect an initial partial filing fee of 20 percent of the greater of

- (1) the average monthly deposits in your account; or
- (2) the average monthly balance in your account for the prior six-month period.

After that, you must make monthly payments of 20 percent of your preceding month's income until the \$150 is paid. No payment is required in months when the preceding month's income is \$10.00 or less. 28 U.S.C. § 1915.

To request IFP status, complete the enclosed Affidavit in Support of Request to Proceed *In Forma Pauperis* and follow the instructions below.

1. Your affidavit must be legibly handwritten or typewritten. Answer questions to the best of your knowledge and belief. Be concise.
2. Each plaintiff must submit a separate affidavit and request to proceed *in forma pauperis*.
3. Each plaintiff should submit the original of his affidavit with the complaint form and keep a copy for his own records.
4. If you require additional space to answer a question, attach a separate page to the affidavit.
5. The affidavit must be accompanied by (1) a certificate of the warden or other appropriate officer of your institution showing the amount of money or securities on deposit at the institution during the last six months and (2) a completed Authorization for Release of Institutional Account Information and Payment of the Filing Fee.

THESE FORMS ARE NOT TO BE USED FOR FILING A PETITION FOR WRIT OF HABEAS CORPUS, OR TO CHALLENGE THE VALIDITY OF A FEDERAL OR STATE CONVICTION FOR A CRIMINAL OFFENSE. Forms for this purpose or for filing civil rights claims may be obtained from the Clerk of the United States District Court, U.S. Courthouse, 400 East Ninth St, Kansas City, Missouri 64106.

III. Do your claims involve medical treatment? Yes ___ No ___

IV. Do you request a jury trial? Yes ___ No ___

V. Do you request money damages? Yes ___ No ___

State the amount claimed. \$_____/_____ (actual/punitive)

VI. Are the wrongs alleged in your complaint continuing to occur? Yes ___ No ___

VII. Grievance procedures:

A. Does your institution have an administrative or grievance procedure?

Yes ___ No ___

B. Have the claims in this case been presented through an administrative or grievance procedure within the institution? Yes ___ No ___

C. If a grievance was filed, state the date your claims were presented, how they were presented, and the result of that procedure. (Attach a copy of the final result.)

D. If you have not filed a grievance, state the reasons.

VIII. Previous civil actions:

A. Have you begun other cases in state or federal courts dealing with the same facts involved in this case? Yes ___ No ___

B. Have you begun other cases in state or federal courts relating to the conditions of or your treatment while in confinement? Yes ___ No ___

C. If your answer is "yes," to either of the above questions, provide the following information for each case.

(1) Style: _____
(Plaintiff) (v.) (Defendant)

(2) Date filed: _____

(3) Court where filed: _____

(4) Case number and citation: _____

(5) Basic claim made: _____

(6) Date of disposition: _____

(7) Disposition: _____
[(pending) (on appeal) (resolved)]

(8) If resolved, state whether for:

[(plaintiff) or (defendant)]

For additional cases, provide the above information in the same format on a separate page.

IX. Statement of claim:

A. State here as briefly as possible the facts of your claim. Describe how each named defendant is involved. Include the names of other persons involved, dates and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

B. State briefly your legal theory or cite appropriate authority:

X. Relief: State briefly exactly what you want the court to do for you. Make no legal arguments.

XI. Counsel:

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name.

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action? Yes ___ No ___

If so, state the name(s) and address(es) of each lawyer contacted.

If not, state your reasons.

C. Have you previously had a lawyer representing you in a civil action in this court? Yes ___ No ___

If so, state the lawyer's name and address:

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

Executed (signed) this ____ day of _____, 20__.

(Signature(s) of Plaintiff(s))

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI

_____))
Plaintiff))
))
v.) Case No. _____)
))
_____))
Defendant(s)))

**AFFIDAVIT IN SUPPORT OF REQUEST TO
PROCEED IN FORMA PAUPERIS -- PRISONER CASES**

I, _____
declare (1) that I am the _____ in this case; (2) that in support of my motion to
proceed without being required to **prepay** fees or costs, I state that because of my poverty, I am
unable to pay the costs of this proceeding; and (3) that I believe I am entitled to relief. (Note:
Prisoners must pay the full filing fee of \$150.00 in accordance with 28 U.S.C. § 1915. See
instructions provided with this packet.)

I. Place of confinement of plaintiff: _____

II. Crime(s) for which you have been convicted, date and sentence on each:

III. Are you presently employed? Yes ___ No ___

A.If the answer is "yes," state the amount of your salary or wages per month, and give the name and address of your employer.

B.If the answer is "no," state the date of last employment and the amount of the salary and wages per month which you received.

IV. Have you received, within the past twelve (12) months, money from any of the following sources?

	Yes	No
Business, profession or form of self-employment?	___	___
Rent payments, interest or dividends?	___	___
Pensions, annuities or life insurance payments?	___	___
Gifts or inheritances?	___	___
Any other sources?	___	___

If the answer to any of the above is "yes," describe the source and amount of money received from each during the past twelve (12) months.

V. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts during the last six (6) months.) Yes ___ No ___

If the answer is "yes," state the total amount of cash owned, and the average monthly balance in all checking, savings or prison accounts during the last six (6) months.

VI. Do you own real estate, stocks, bonds, notes, automobiles, jewelry or other valuable property (excluding ordinary household furnishings and clothing)? Yes ___ No ___

If the answer is "yes," describe the property and state its approximate value.

VII. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY SUBJECT ME TO CRIMINAL PROSECUTION, IMPOSITION OF A FINE, OR OTHER SANCTION THAT MAY ADVERSELY AFFECT MY ABILITY TO PURSUE THIS CASE OR OTHER CASES. I HAVE REVIEWED MY ANSWERS TO INSURE THEIR ACCURACY.

Executed (signed) this ____ day of _____, 20__.

(Signature of Plaintiff)

=====

**Authorization for Release of Institutional Account Information and
Payment of the Filing Fee**

I, _____
(Name of Plaintiff) (Register Number)

authorize the Clerk of Court to obtain, from the agency having custody of my person, information about my institutional account, including balances, deposits and withdrawals. The Clerk of Court may obtain my account information from the past six months and in the future, until the filing fee is paid. I also authorize the agency having custody of my person to withdraw funds from my account and forward payments to the Clerk of Court, in accord with 28 U.S.C. § 1915.

(Signature of Plaintiff)

(Date)