INSTRUCTIONS FOR FILING A COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS STATUTE, 42 U.S.C. § 1983

I. Scope of Section 1983

An action under Section 1983 is available to challenge violations of the federal constitution or federal statutes which affect the conditions of your confinement or your treatment by government employees while in custody. Although you may ask for and obtain money damages or an injunction under Section 1983, the court cannot issue an order which could affect the length of your sentence in any way. Those types of claims may only be raised through a petition for a writ of habeas corpus. If you want to file a petition for a writ of habeas corpus, you must do so on the correct forms, which are provided by the Clerk of the Court on request.

II. Packet

One copy of a complaint form is attached to this instruction sheet. In addition, included in the packet are an information sheet for prisoners seeking leave to proceed in forma pauperis (without prepayment of filing fees) and one copy of an application to proceed in forma pauperis. To start an action, the following items must be included:

- 1. An original and one copy of the complaint. You must keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original.
- 2. Either a completed in forma pauperis application or pay the \$400.00 filing fee.

III. Complaint Form

Your complaint must be legibly handwritten or typewritten. You must sign each copy of the complaint and declare under penalty of perjury that the facts stated in the complaint are correct. If you need additional space to answer a question, you should attach an additional blank page. You are required to state <u>facts</u> in support of each claim. The complaint should refer to the provision of the federal constitution or federal law on which you are relying, but should not contain legal arguments or citations.

IV. Venue

Your complaint should be brought in the Sacramento Division of this court only if one or more of the named defendants is located in the Sacramento Division of the Eastern District of California or if your claim arose in the Sacramento Division of this district. The Sacramento Division of the Eastern District of California is comprised of the following counties: Alpine, Amador, Butte, Colusa, El Dorado, Glenn, Lassen, Modoc, Mono, Nevada, Placer, Plumas, Sacramento, San Joaquin, Shasta, Sierra, Siskiyou, Solano, Sutter, Tehama, Trinity, Yolo, and Yuba.

Your complaint should be brought in the Fresno Division of this court only if one or more of the named defendants is located in the Fresno Division of the Eastern District of California or if your claim arose in the Fresno Division of this district. The Fresno Division of the Eastern District of California is comprised of the following counties: Fresno, Calaveras, Inyo, Kern, Kings, Madera, Mariposa, Merced, Stanislaus, Tulare, and Tuolumne.

V. Mailing the Forms

When all of the forms described in part II are completed, if you are bringing your case in the Sacramento Division, mail the original and copies to:

Clerk of the U.S. District Court for the Eastern District of California 501 I Street, Room 4-200 Sacramento, California 95814

If you are bringing your case in the Fresno Division, mail the original and copies to:

Clerk of the U.S. District Court for the Eastern District of California 2500 Tulare Street Fresno, California 93721

VI. After the Complaint is Filed

Once the complaint is filed, the court will review it and decide whether to order service of the complaint on the defendants. You will be sent a copy of any order the court issues. Because of the large volume of cases filed by inmates pending in this court, the court WILL NOT ANSWER INQUIRIES concerning the status of your complaint.

You must keep the Clerk of the 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 could result in the dismissal of your suit.

The Clerk of the Court will provide copies of documents and of the docket sheet at the rate of fifty cents (\$0.50) per page. Checks in the exact amount are made payable to "Clerk, USDC." In forma pauperis status does not waive the cost of copies. Therefore you must keep copies of all documents submitted to the court for your own records.

IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

(Name of Plaintiff)	(Case Number)
(Address of Plaintiff)	_
vs.	COMPLAINT
	-
(Names of Defendants)	-
I. Previous Lawsuits:	
A. Have you brought any other lav	wsuits while a prisoner: ☐ Yes ☐ No
	many?: Describe the lawsuit in the space describe the additional lawsuits on another piece of paper
1. Parties to this previous lawsu	it:
Plaintiff	
	

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Rev'd 5/99

2. Court (if Federal Court, give name of District; if State Court	t, give name	of County)
3. Docket Number		
4. Name of judge to whom case was assigned		
5. Disposition (For example: Was the case dismissed? Was it appealed	? Is it still pendi	ng?)
6. Approximate date of filing lawsuit		
7. Approximate date of disposition		
II. Exhaustion of Administrative Remedies		
A. Is there a grievance procedure available at your institution?	□ Yes	□ No
B. Have you filed a grievance concerning the facts relating to thi	•	_
If your answer is no, explain why not	□ Yes	□ No
C. Is the grievance process completed?	□ Yes	□ No
III. Defendants		
(In Item A below, place the full name of the defendant in the first position in the second blank, and his/her place of employment in for the names, positions and places of employment of any additional contents.)	the third blan	k. Use item B
A. Defendant is employed at	l as	
B. Additional defendants		

IV.	Statement of Claim	
	• •	the <u>facts</u> of your case. Describe how each defendant is aces. Do not give any legal arguments or cite any cases or necessary.)
-		
V. R		
	no cases or statutes.)	vant the court to do for you. Make no legal arguments. Cite
-		
-		
Signe	ed this day of	, 20
		(Signature of Plaintiff)
		(Signature of Flammin)
I decl	lare under penalty of perjury that the	ne foregoing is true and correct.
	(Date)	(Signature of Plaintiff)
	(Dalt)	(Signature Of Flamium)

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

In accordance with 1996 amendments to the in forma pauperis (IFP) statute, as a prisoner you will be obligated to pay the filing fee of \$350.00 for a civil action. If you later file an appeal, the filing fee for the appeal is \$455.00.

If you have the money to pay the filing fee, you should send a cashier's check or money order to the court with your complaint, petition, or notice of appeal and, if appropriate, your IFP application.

If you do not have enough money to pay the full filing fee when your action is filed, you can file the action without prepaying the filing fee. However, the court will assess an initial partial filing fee at the time your action is filed. The initial partial filing fee will be 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 that same six month period, whichever is greater. The court will order the agency that has custody of you to take that initial partial filing fee out of your prison or jail account as soon as funds are available and to forward the money to the court.

After the initial partial filing fee has been paid, you will owe the balance of the filing fee. Until the amount of the filing fee is paid in full, each month you will owe 20 percent of your preceding month's income toward the balance. The agency that has custody of you will collect that money and send payments to the court any time the amount in the account exceeds \$10.00. The balance of the filing fee may be collected even if the action is later dismissed, summary judgment is granted against you or you fail to prevail at trial.

In order to proceed with an action in forma pauperis you must complete the attached form and return it to the court with your complaint. You must have a prison or jail official complete the Certification section on the back of the form and attach to the form a certified copy of your prison or jail account statement for the last six months. If you submit an incomplete form or do not submit a prison or jail account statement with the form, your request to proceed in forma pauperis will be denied.

Regardless of whether some or all of the filing fee has been paid, the court is required to screen your complaint and to 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 sue a defendant for money damages and that defendant is immune from liability for money damages.

If you file more than three actions or appeals while you are a prisoner which are dismissed as frivolous or malicious or for failure to state a claim on which relief can be granted, then you will be prohibited from bringing any other actions in forma pauperis unless you are in imminent danger of serious physical injury.

ifpinfo.rev Revised 02/05

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA

Plaintiff

APPLICATION TO PROCEED IN FORMA PAUPERIS

BY A PRISONER VS. Defendant **CASE NUMBER:** I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint. In support of this application, I answer the following questions under penalty of perjury: 1. Are you currently incarcerated: \square Yes □ No (If "No" DO NOT USE THIS FORM) If "Yes" state the place of your incarceration. Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months. \square No 2. Are you currently employed? \square Yes If the answer is "Yes" state the amount of your pay. If the answer is "No" state the date of your last employment, the amount of your take-home salary or b. wages and pay period, and the name and address of your last employer. 3. In the past twelve months have you received any money from any of the following sources? □ Yes a. Business, profession or other self-employment \square No □ Yes \square No b. Rent payments, interest or dividends c. Pensions, annuities or life insurance payments □ Yes \square No □ Yes d. Disability or workers compensation payments \square 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.

IFPFORM Revised 5/99

e. Gifts or inheritances

f. Any other sources

□ Yes

□ Yes

 \square No

□ No

4.	Do you have cash or checking or savings account	ts? □ Y	es	□ No	
I	f "Yes" state the total amount:				
	Do you own any real estate, stocks, bonds, securinable property?	ties, other fin		al instruments, automobiles or other No	
Ι	f "Yes" describe the property and state its value.				
6.	Do you have any other assets?	□ ү	es	□ No	
I	f "Yes" list the asset(s) and state the value of each	h asset listed			
	List the persons who are dependent on you for su with much you contribute to their support.	pport, state y	our r	relationship to each person and indicate	
Cle	I hereby authorize the agency having custody rk of the United States District Court payments in I declare under penalty of perjury that the about	n accordance	with	n 28 U.S.C. § 1915(b)(2).	:
	DATE SIG	GNATURE (OF A	PPLICANT	
	CEF (To be completed by t	RTIFICATE the institution		ncarceration)	
	I certify that the applicant named herein has	the sum of \$		on account to his/her credit at	
	(name of i	nstitution).	I furt	ther certify that during the past six month	ıs
the	applicant's average monthly balance was \$	I fu	rther	certify that during the past six months the	16
ave	rage of monthly deposits to the applicant's account	nt was \$			
•	ease attach a certified copy of the applicant's trust onths.)	t account stat	temer	nt showing transactions for the past six	
	DATE SIGNA	TURE OF A	UTF	HORIZED OFFICER	