INSTRUCTIONS FOR FILING CIVIL COMPLAINT UNDER 28 U.S.C. §1331 OR <u>BIVENS V. SIX UNKNOWN NAMED AGENTS OF THE FEDERAL BUREAU OF NARCOTICS</u>, 403 U.S. 388 (1971), 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*."

Pursuant to 28 U.S.C. §1932, the court may order the revocation of a federal prisoner's earned good time credits if the court finds that a claim was filed for a malicious purpose or solely to harass, or if the claimant testifies falsely or otherwise knowingly presents false evidence to the court.

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.

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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 ½ 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. 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. Initially, the court will assess and collect a 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 the $150.00 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 is 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.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF PUERTO RICO

_____ (Full Name) _____ (Register No.) Plaintiff v. _____ (Full Name) Defendants	Civil No._____

CIVIL COMPLAINT PURSUANT TO 28 U.S.C. §1331

I. Place of present confinement of plaintiff(s):_____

II. Parties to this civil action:

Please give your commitment name and any other name(s) you have used while incarcerated.

A. Plaintiff_____Register No._____

Address:_____

B. Defendant_____

is employed as_____

at_____

For additional plaintiffs or defendants, provide above information in same format on a separate page.

At the time the claim(s) arose, was this defendant acting in his official capacity as an employee of the United States?

Yes_____ No_____

Explain:_____

_____

_____

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 cases:

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 for any other reason except to obtain habeas corpus relief?

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:_____

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:

C. Jurisdiction - If you wish to assert jurisdiction under additional statutes, you must list them and explain their significance:

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))

_____
Inmate Register No.