

For use by inmates in filing a complaint under **CIVIL RIGHTS ACT, 42 USC §1983**

INSTRUCTIONS

1. Your complaint must be typed or **legibly handwritten** on the attached form. If handwritten, please use blue or black ink instead of pencil if possible.
2. You must answer all questions. If you need additional space to answer a question, you may use additional blank pages. The complaint should not contain legal arguments or citations; you are required to only give the facts. If you want to submit a brief or memorandum of law, you may submit those documents separately. If you do not fill out the form properly, you may be asked to submit additional or corrected information. **Never** use tape on pleadings submitted to the Court.
3. If you are submitting attachments or carbon copies to your complaint, you **MUST** make sure the copies being submitted are legible and can be read clearly. Documents that are not legible and cannot be read clearly may cause a delay in the processing of your documents. Your pleadings must be dark enough to go through an electronic scanner.
4. In order for your complaint to be filed, it must be accompanied by a fee of \$400.00, which represents a filing fee of \$350.00 and a \$50.00 administrative fee. If you are unable to pay the required filing fee, you may request the Court allow you to proceed *in forma pauperis*. To do so, you must complete the Statement of Assets, Inmate Account Report and the Application to proceed in District Court without prepaying fees or costs forms attached. Also, you must submit a copy of your inmate trust fund account statement.
5. **It is your responsibility to keep a copy of any pleading that you submit to the Court.** For any request made to the Clerk's Office for copies, there is a charge of \$.50 per page. Any request for copies must be in writing. Once the clerk determines the cost of your copy request, a letter will be sent to you with that amount listed. At that time, you must forward a money order or check in the exact amount due. DO NOT send cash. The clerk will forward your copies once the payment is received.
6. **It is your responsibility to keep the clerk informed of changes in your address.**
7. Original completed forms and all other communication should be mailed to:

**Clerk, United States District Court
210 Franklin Road, SW, Suite 540
Roanoke, VA 24011-2208**

*****IT IS IMPORTANT THAT YOU MAKE AND KEEP A COPY OF ANY
DOCUMENTS YOU SEND TO THE COURT*****

D. Statement of Claim - State here briefly the facts of your case. Describe what action(s) each defendant took in violation of your constitutional rights. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. Use as much space as needed. You may attach extra paper if necessary.

Claim #1 - Supporting Facts - Tell your story briefly without citing cases or law.

Claim #2 - Supporting Facts - Tell your story briefly without citing cases or law.

Claim #3 - Supporting Facts - Tell your story briefly without citing cases or law.

E. State what relief you seek from the Court. Make no legal arguments, cite no cases or statutes.

SIGNED THIS _____ DAY OF _____, 20_____.

(Signature of Each Plaintiff)

VERIFICATION:

I, _____, state that I am the plaintiff in this action and I know the content of the above complaint; that it is true of my own knowledge, except as to those matters that are stated to be based on information and belief, and as to those matters, I believe them to be true. I further state that I believe the factual assertions are sufficient to support a claim of violation of constitutional rights. Further, I verify that I am aware of the provisions set forth in 28 USC §1915 that prohibit an inmate from filing a civil action or appeal, if the prisoner has, three or more occasions, while incarcerated, brought an action or appeal in federal court that are dismissed on the grounds that it was frivolous, malicious or failed to state a claim upon which relief may be granted, unless the prisoner is in imminent danger of serious physical injury. I understand that if this complaint is dismissed on any of the above grounds, I may be prohibited from filing any future actions without the pre-payment of filing fees.

I declare under penalty of perjury the foregoing to be true and correct.

DATED: _____ SIGNED: _____

STATEMENT OF ASSETS

Prisoners seeking to proceed in forma pauperis (without the prepayment of fees) are now required to submit with their complaints, a certified copy of their trust fund account statement for the prior six month period. 28 USC §1915 as amended.

(Petitioner/Plaintiff)

Civil Action No. _____

VS.

(Respondent/Defendant)

I, _____, declare that I am the petitioner in the above-styled proceeding; that in support of my request to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty, I am unable to pay the costs of said proceeding, or give security therefor; that I believe I am entitled to relief.

In support of my in forma pauperis application, I answer the following questions:

1. Are you presently employed? Yes No

If yes, what is your monthly income? _____

If no, state the date of your last employment. _____

2. Have you received any money in the last twelve months from the following sources?

Business, Profession, Self-Employment: Yes No

Rent Payments, Interest or Dividends: Yes No

Pensions, Annuities or Life Insurance: Yes No

Gifts or Inheritances: Yes No

Any Other Sources: Yes No

If the answer to any of the above is Yes, please state the source and amount of each received during the past year.

3. Do you own any cash, or have any money on hand - Include any funds held in Prison Accounts.

Yes No If Yes, State the Value _____

4. Do you own any real estate, stocks, bond, notes, automobiles or other valuable property - (excluding clothing and ordinary household furnishings)?

Yes No If Yes, State the Value _____

5. List the persons who are dependant upon you for support. State your relationship to same and indicate how much you contribute toward their support.

I declare under penalty of perjury that the foregoing is true and correct and have attached a certified copy of my inmate trust fund account statement for the last six months in support of this request to proceed without the payment of fees.

DATED: _____

SIGNED: _____

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION**

v.

Civil Action No. _____

INMATE ACCOUNT REPORT

(Inmate Name & #)

DATE OF INQUIRY

Balance at time of inquiry

Current rate of pay

Total Deposits for six months prior to

Month	Amount
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Plaintiff: Have you been at this location for the entire requested six-month period? Yes ____ or No ____

If the answer is NO, you are required to obtain and submit that information from the other location(s) within the required time. You will have to make a copy of this form and send it to the location(s) to be certified by that Trust Account Officer.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AVERAGE MONTHLY DEPOSITS

Account Balance on Last Day of Month for six months prior to

Month	Amount
-------	--------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AVERAGE MONTHLY BALANCE

(To be completed by Trust Account Officer)
I have attached certified copies of the inmate's trust fund account statement, and maintain said records in the regular and ordinary course of business. PLAINTIFF must return this signed form AND the six month-statements together from each prison which plaintiff is or was confined during that six-month period.

DATED: _____ **SIGNATURE:** _____ **TITLE:** _____

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION

Plaintiff,

Civil Action No. _____

v.

Defendant(s).

VERIFIED STATEMENT

I, the plaintiff in this action, have been advised of the requirements regarding exhaustion of administrative remedies as outlined in 42 U.S.C. 1997e and now submit this verified statement.

(Choose only one):

_____ I have exhausted my administrative remedies as to each of the claims raised in my complaint by appealing my claims to the highest available level of the administrative remedies procedures. *Copies of the record of the proceedings are attached to this statement.*

_____ I have attempted to exhaust my administrative remedies but my grievance was rejected as untimely. I have appealed that determination to the highest level available. *I have attached documentation verifying my attempts to exhaust administrative remedies.*

_____ There are no administrative remedies available to me at this time, either because the issue I raise is nongrievable, or because there is no grievance procedure at the correctional facility at which I am confined. *I have attached documentation verifying my attempts to exhaust administrative remedies.*

_____ This cause of action arose at _____, and I am now being housed at another facility, _____. Therefore, I do not believe I have administrative remedies available at this time.*

I affirm that I am the plaintiff in this action and I know the content of the above statement; that it is true of my own knowledge, except as to those matters that are stated in it to be based on my own information and belief; and to those matters, I also believe them to be true. I declare under penalty of perjury that the foregoing is true and correct.

DATE

SIGNATURE OF AFFIANT

* An inmate who has been transferred from one Virginia Department of Corrections prison facility to another may still be able to file grievances where the cause of action arose.