

For use by inmates in filing a complaint under **CIVIL RIGHTS ACT, 42 USC §1983**
or **BIVENS v. SIX UNKNOWN NAMED AGENTS OF FED. BUREAU OF**
NARCOTICS, 403, U.S.C. §388 (1971)

INSTRUCTIONS

1. Your complaint must be typed or neatly 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 only to give facts. If you do not fill out the form properly, you may be asked to submit additional or corrected information. Do not use tape when sending pleadings to the Court.
3. If you are submitting attachments to your complaint, you **MUST** make sure they can be clearly read. Documents that cannot be read clearly may cause a delay in the processing of your documents. Your filings 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 \$402.00, which represents a filing fee of \$350.00 and an administrative fee of \$52.00. 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 and send back the Statement of Assets and the Prisoner Trust Account Report signed by the Trust Officer with the six-month trust fund account statements attached. The required forms are enclosed.
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. You should notify the court in writing immediately after you are either released or transferred. Do not notify the court of expected or anticipated releases or transfers.
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****

Assigned Judge

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

For use by inmates filing a complaint under **CIVIL RIGHTS ACT, 42 U.S.C. §1983 or
BIVENS v. SIX UNKNOWN NAMED AGENTS OF FED. BUREAU OF NARCOTICS, 403
U.S.C. §388 (1971)**

Plaintiff full name

Inmate No.

v.

CIVIL ACTION NO.

Defendant(s) full name(s)

A. Current facility and address: _____

B. Where did this action take place? _____

C. Have you begun an action in state or federal court dealing with the same facts involved in this complaint?

_____ Yes _____ No

If your answer to A is Yes, answer the following:

1. Court: _____

2. Case Number: _____

D. Have you filed any grievances regarding the facts of this complaint?

_____ Yes _____ No

1. If your answer is Yes, indicate the result:

2. If your answer is No, indicate why:

E. Statement of Claim(s): State briefly the facts in this complaint. Describe what action(s) each defendant took in violation of your federal rights and include the relevant dates and places. **Do not give any legal arguments or cite any cases or statutes.** If necessary, you may attach additional page(s). Please write legibly.

Claim #1 – Supporting Facts – Briefly tell your story without citing cases or law:

Claim #2 – Supporting Facts – Briefly tell your story without citing cases or law:

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

G. If this case goes to trial do you request a trial by jury? Yes _____ No _____

H. If I am released or transferred, I understand it is my responsibility to immediately notify the court in writing of any change of address after I have been released or transferred or my case may be dismissed.

DATED: _____ SIGNATURE: _____

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 U.S.C. §1915 that prohibit an inmate from filing a civil action or appeal, if the prisoner has, on three or more occasions, while incarcerated brought an action or appeal in federal court that is 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 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 the filing fees. I declare under penalty of perjury the foregoing to be true and correct.

DATED: _____ SIGNATURE: _____

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION
STATEMENT OF ASSETS

_____,
Plaintiff,

CIVIL ACTION NUMBER: _____

v. _____
(To be Assigned Upon Filing of Complaint)

_____,
Defendant(s),

I, _____, declare that I am the plaintiff 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 m 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 the 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 Inheritances _____ Yes _____ No

If the answer to any of the above is Yes, please state the source and amount of each received during that past year. Source: _____ Amount \$ _____

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, bonds, notes, automobiles or other valuable property?
(Excluding clothing and ordinary household furnishings)
_____ Yes _____ No If Yes, State the Value \$ _____

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

Name _____ Relationship _____ How Much? _____

Name _____ Relationship _____ How Much? _____

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

Dated: _____ Signature: _____

PRISONER TRUST ACCOUNT REPORT

CIVIL ACTION CASE NUMBER: _____

(To be Assigned Upon Filing of Complaint)

Plaintiff: _____ Defendant(s): _____

THIS FORM IS FOR THE TRUST OFFICER TO FILL OUT AND RETURN TO INMATE TO SEND BACK TO THE COURT - *MAKE SURE MONTHLY STATEMENTS ARE INCLUDED* FROM: Clerk, United States District Court for the Western District of Virginia

INMATE NAME AND INMATE NO. _____

Under the Prison Litigation Reform Act, a prisoner filing a civil action must obtain from the trust officer of each institution in which the prisoner was confined during the **preceding six-months** a certified copy of the prisoner's trust account statement for the six-months prior to the filing of the civil action. Accordingly, the trust officer is requested to complete this form, attach supporting ledger/statements, *and return these documents to the prisoner within 10 days.

Was the inmate incarcerated anywhere else besides this facility in the last six months? _____ Yes _____ No

If yes, which facility? _____

If yes, state month(s) and year(s) the inmate was incarcerated at that other facility.

_____ Month(s) _____ Year(s)

DATE THIS ACTION WAS FILED WITH THE COURT: _____

(Example- If this case was filed in January- The court needs six-month statements for July – December)

Total Deposits for **six-month prior** to filing this action

Month	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\$ _____
AVERAGE MONTHLY DEPOSITS

Account Balance on last day of month for **six-months prior** to filing this action

Month	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\$ _____
AVERAGE MONTHLY BALANCE

I certify that the above information accurately states the deposits and balances in the prisoner's trust account for the period shown and that the attached six-month statements are true copies of account records maintained in the ordinary course of business.

TRUST OFFICER SIGNATURE _____ **DATE:** _____

***In the event the prisoner has insufficient funds in his/her prisoner trust account to pay for copies of the required six-month statements, the facility shall provide the prisoner additional photocopying service loans.**

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA

NOTICE TO PARTIES OF RIGHT TO CONSENT TO
JURISDICTION OF UNITED STATES MAGISTRATE JUDGE

Plaintiff(s)

v.

CIVIL ACTION NO. _____

(To be Assigned at Filing of Complaint)

Defendant(s)

In accordance with the provisions of Title 28, U.S.C. § 636(c), and Federal Rule of Civil Procedure 73, you are hereby notified that a United States Magistrate Judge of this district court is available to exercise the court's jurisdiction and to conduct any or all proceedings in this case including a jury or nonjury trial, and entry of a final judgment. Exercise of this jurisdiction by a magistrate judge is, however, permitted only if all parties voluntarily consent.

You may, without adverse substantive consequences, withhold your consent, but this will prevent the court's jurisdiction from being exercised by a magistrate judge. If any party withholds consent, the identity of the parties consenting or withholding consent will not be communicated to any magistrate judge or to the district judge to whom the case has been assigned.

An appeal from a judgment entered by a magistrate judge may be taken directly to the United States Court of Appeals for the Fourth Circuit in the same manner as an appeal from any other judgment of a district court.

If you desire to consent to this action please indicate so by signing below and returning the form to the Clerk's Office.

Printed Name

Date

Signature