

For use by inmates proceeding without an attorney who are filing a complaint claiming violations of constitutional or federal rights pursuant to 42 U.S.C. § 1983, Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971), or the Federal Tort Claims Act.

INSTRUCTIONS

1. Your complaint should be accompanied by a fee of \$405.00, which consists of a filing fee of \$350.00 and an administrative fee of \$55.00. If you are unable to pay the required filing fee, you may request that the Court allow you to proceed *in forma pauperis* (meaning without full prepayment of the fees and in installments pursuant to 28 U.S.C. § 1915(b)). To do so, you must complete and send back a Statement of Assets form and a Prisoner Trust Account Report signed by the appropriate prison official. The required forms are enclosed.
2. Your complaint must be typed or **neatly** handwritten. If handwritten, please use blue or black ink instead of pencil, if possible. The court will scan all documents received so they must be able to be clearly read. Do not use tape or staples on any papers sent to the court.
3. You should 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 state the facts supporting your claim to initiate a lawsuit. Evidence is not required at the complaint stage.
4. **It is your responsibility to keep a copy of any pleading that you submit to the Court.** The Clerk's Office does not provide free copies; it charges \$.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 stating the amount due. You may then forward a money order or check in the exact amount due. The Clerk will forward your copies once the payment is received. Please do **not** send money until directed to do so.
5. You must notify the court in writing immediately **after** you are either released or transferred. If you fail to do so, your case may be dismissed. **Do not notify the court of expected or future releases or transfers.**
6. Only parties to a case or those represented by an attorney are permitted to submit pleadings. Submissions by a non-party will be returned unless otherwise directed by the court.
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**

UNITED STATES DISTRICT COURT
Western District of Virginia
Roanoke Division

COMPLAINT
(Form for *Pro Se* Prisoners)

Civil Action No. _____
District Judge _____
Magistrate Judge _____
(To be filled out by Clerk's Office only)

(In the space above, enter your full name and inmate number.
You will be referred to as the plaintiff.)

-against-

Jury Demand

☐ Yes

☐ No

(In the space above, enter the full name(s) of the defendant(s). If you cannot
fit the names of all the defendants in the space provided, please write "see
attached" in the space above and attach an additional sheet of paper with
the full list of names. The names listed in the above caption must be identical
to those contained in Section IV. Do not include addresses here.)

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

I. JURISDICTIONAL BASIS FOR COMPLAINT

Indicate below the federal legal basis for your claim, if known. This form is designed primarily for pro se prisoners challenging the constitutionality of their treatment or the conditions of their confinement, claims which are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a “Bivens” action (against federal defendants). It may also be used for the filing of a Federal Tort Claims Act (FTCA) claim against the United States if you are claiming personal injury, property loss, or other damage caused by a federal agency or federal employee.

- ☐ Action under 42 U.S.C. § 1983 (defendants are agents or employees of a state, county, or municipality)
- ☐ Action under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971) (defendants are federal agents or employees)
- ☐ Action under Federal Tort Claims Act (The United States is the proper defendant, and the plaintiff must have presented his or her claim in writing to the appropriate federal agency and received a notice of final denial of the claim pursuant to 28 U.S.C. § 2401(b) prior to filing a case in this court)
- ☐ Other (specify the basis)

II. PLAINTIFF INFORMATION

Name

Inmate #

Current Place of Detention

Institutional Address

City

State

Zip Code

III. PLAINTIFF STATUS

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee: ☐ State or ☐ Federal

- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Not in custody
- ☐ Other: _____

IV. DEFENDANT(S) INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1:

Name

Current Job Title

Current Work Address

City

State

Zip Code

Capacity in which being sued: ☐ Individual ☐ Official ☐ Both

Defendant 2:

Name

Current Job Title

Current Work Address

City

State

Zip Code

Capacity in which being sued: ☐ Individual ☐ Official ☐ Both

Defendant 3:

Name

Current Job Title

Current Work Address

City

State

Zip Code

Capacity in which being sued: ☐ Individual ☐ Official ☐ Both

Defendant 4:

Name

Current Job Title

Current Work Address

City

State

Zip Code

Capacity in which being sued: ☐ Individual ☐ Official ☐ Both

V. STATEMENT OF CLAIM(S) (If you are making multiple claims, please number them.)

Place(s) of occurrence:

Date(s) of occurrence:

When and where did these events occur?

What happened to you and under what circumstances?

*What action did **each** defendant take or fail to take that violated your rights?*

Did you suffer specific injuries? How?

Did you require medical care for these injuries? Be specific.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If no, explain why not:

Is the grievance process complete (meaning all levels and appeals are concluded)? ☐Yes ☐No

If no, explain why not:

WARNING: Prior to filing a Federal Tort Claims Act case in this court, you must have presented your claim in writing to the appropriate federal agency and received a notice of final denial of the claim pursuant to 28 U.S.C. § 2401(b).

If this is a Federal Tort Claims Act case:

Have you presented your claim in writing to the appropriate federal agency? ☐Yes ☐No

If yes, when and to whom?

If no, why not?

Have you received a notice of final denial of the claim pursuant to 28 U.S.C. § 2401(b)?

☐Yes ☐No

If yes, when?

VII. RELIEF

State briefly what you want the court to do for you, such as “award monetary damages.” Do not make legal arguments or cite cases or statutes. In a civil rights action, the court cannot change a sentence, order a release from custody, or restore good time. A petition for a writ of habeas corpus should be filed if that relief is desired.

VIII. PLAINTIFF’S LITIGATION HISTORY

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without the prepayment of filing costs if that prisoner has “on three or more occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. §1915(g).

Have you brought any other lawsuits in any federal court while a prisoner?

☐Yes ☐No

If yes, have you filed another lawsuit dealing with the same facts involved in this action?

☐Yes ☐No

If yes to the previous question, please provide the name and docket number, the court in which the case was filed, and the current status of the case.

IX. PLAINTIFF'S CERTIFICATION AND WARNING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office in writing with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Dated

Plaintiff's Signature

Printed Name

Inmate # (if applicable)

Prison Address

City

State

Zip Code

Mailing Address – if not in custody

City

State

Zip Code

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

PRISONER TRUST ACCOUNT REPORT

Case No. _____

Plaintiff: _____ v. Defendant(s): _____

Inmate Name: _____ Inmate No. _____

TRUST OFFICER: The information below is to be completed and returned to the inmate within 10 days to send back to the Court. Please include the six-month period prior to the filing of the complaint. **(Example: If the complaint is filed in January, July-December is needed.)**

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

If yes, which facility, month(s) and year(s)? _____

Trust Officer: ONLY IF THE INMATE WAS AT YOUR FACILITY, but you cannot provide information for one or more months because the inmate had no transactions in that month, please write "N/A" in the appropriate month(s) and initial here: ____.

Total Deposits for **six months** PRIOR to filing this action

Account Balance on last day of month for **six months** PRIOR to filing this action.

| Month | Amount |
|-------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

| Month | Amount |
|-------|--------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

\$ _____
AVERAGE MONTHLY DEPOSITS

\$ _____
AVERAGE MONTHLY BALANCE

I certify that the above information accurately states the deposits and balances in the inmate's trust account for the six-month period PRIOR to filing the complaint.

TRUST OFFICER SIGNATURE _____

DATED: _____

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

Plaintiff,

Civil Action No. _____

v.

STATEMENT OF ASSETS

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 therefore, I state that because of my poverty, I am unable to pay the costs of said proceeding, or give security; therefore, 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, or 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)?

5. _____ Yes _____ No If Yes, State the Value _____

6. List the persons who depend upon 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.

DATE: _____ **SIGNED:** _____