

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. For your complaint to be filed, it must be accompanied by a fee of \$405.00, which represents 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 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 included**. The required forms are enclosed.
2. 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.
3. 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. Do not use tape or staples when sending pleadings to the Court.
4. 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 electronicscanner.
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. 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. **DO NOT** send money until directed to do so.
6. You must notify the court in writing immediately *after* you are either released or transferred, otherwise your case may be dismissed. **Do not notify the court of expected or future releases or transfers.**
7. 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.
8. 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\*\***

IN THE UNITED STATES DISTRICT COURT  
Western District of Virginia

\_\_\_\_\_  
District Judge  
(Assigned by Clerk's Office)

\_\_\_\_\_  
Mag. Referral Judge  
(Assigned by Clerk's Office)

**CIVIL ACTION NO.** \_\_\_\_\_  
(Assigned by Clerk's Office)

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 Name  
v.

\_\_\_\_\_  
Inmate No.

\_\_\_\_\_  
Defendant Name & Address

\_\_\_\_\_  
Defendant Name & Address

\_\_\_\_\_  
Defendant Name & Address

\_\_\_\_\_  
Defendant Name & Address

\_\_\_\_\_  
Defendant Name & Address

\_\_\_\_\_  
Defendant Name & Address

**IF YOU NEED TO ADD MORE DEFENDANTS, USE A SEPARATE SHEET OF PAPER, AND PUT  
NAME AND ADDRESS FOR EACH NAMED DEFENDANT.  
TITLE THE SECOND PAGE "CONTINUED NAMED DEFENDANTS"**

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**A. Where are you now? Name and Address of Facility:**

\_\_\_\_\_

\_\_\_\_\_

B. Where did this action take place?

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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:

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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:

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

(Additional Supporting Facts may be placed on a separate paper titled ADDITIONAL SUPPORTING FACTS)

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

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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: \_\_\_\_\_

# STATEMENT OF ASSETS

Civil Action Number: \_\_\_\_\_  
(Assigned by Clerk's Office)

\_\_\_\_\_,  
Plaintiff,  
v.

\_\_\_\_\_,  
Defendant(s), (For more than one named defendant, place first named defendant with, et al afterwards)  
Example: John Doe, et al

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:

- Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what is your monthly income? \$ \_\_\_\_\_  
no, state the date of your last employment \_\_\_\_\_
- Have you received any money in the last twelve months from the followingsources?  
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 \$ \_\_\_\_\_

- 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 \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_
- 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: \_\_\_\_\_

UNITED STATES DISTRICT COURT for the WESTERN DISTRICT OF VIRGINIA, ROANOKE DIVISION  
**PRISONER TRUST ACCOUNT REPORT**

Case No. \_\_\_\_\_  
 (Assigned by Clerk's Office)

Plaintiff: \_\_\_\_\_ v. Defendant(s): \_\_\_\_\_  
*(For more than one named defendant, place first named defendant with, et al afterwards: Example: John Doe, et al)*

**TRUST OFFICER:** The information below is to be completed and returned to the inmate within 10 days so inmate can send back to the Court. A certified copy of the trust fund statements must be included (or institutional equivalent) for the 6 months prior to filing the complaint.

**(EXAMPLE: If this case is filed in January, the court needs monthly account info for December - July)**  
**\*\*DON'T FORGET MONTHLY STATEMENTS\*\***

**INMATE NAME AND INMATE NO.** \_\_\_\_\_

**NOTE:** In the event the inmate has insufficient funds in his/her prison trust account to pay for copies of the required certified trust fund account information, the facility shall provide the additional photocopying service loans.

Was the inmate 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 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: \_\_\_\_\_.

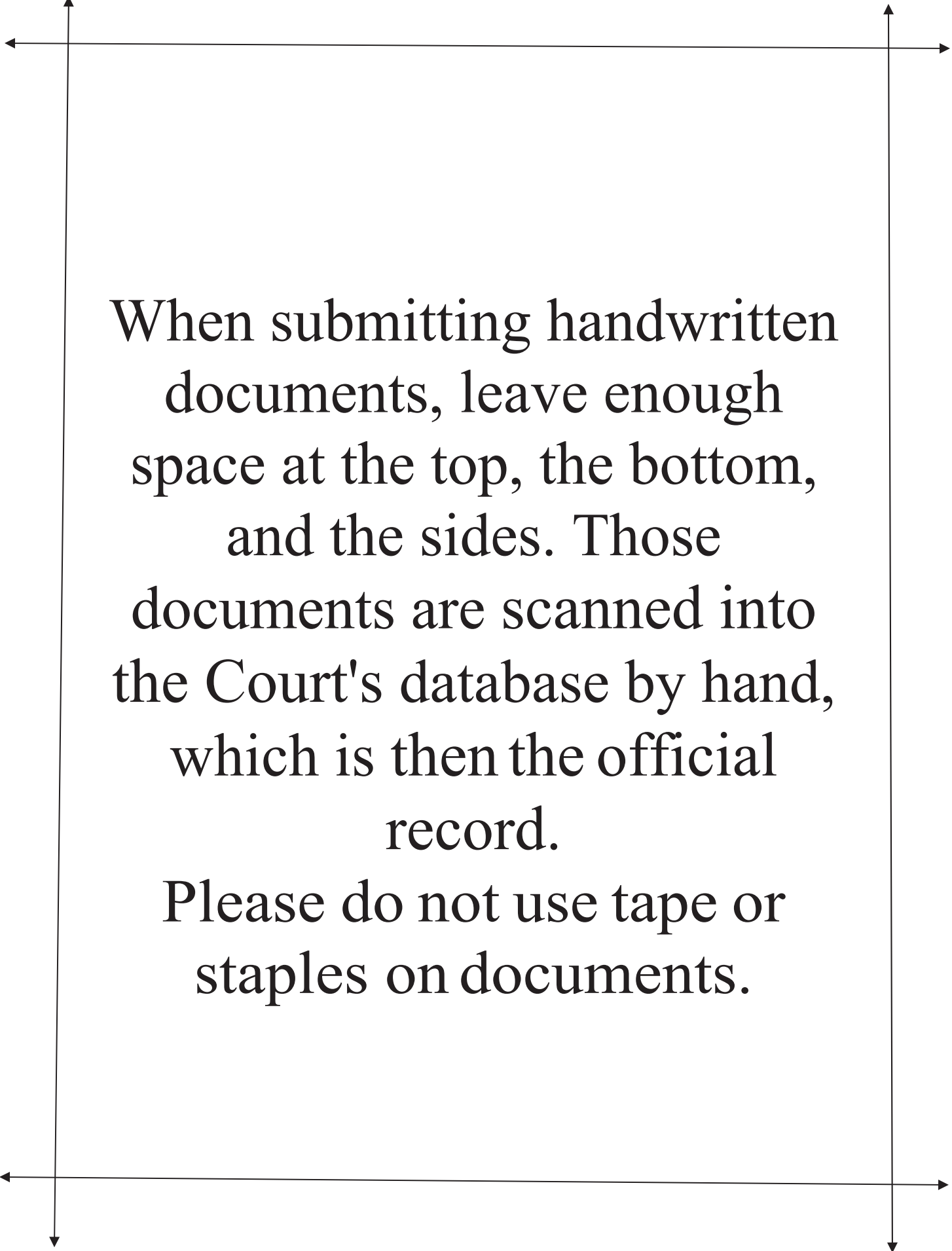
Total Deposits for PRIOR **six months** to filing this action

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

Month	Amount	Month	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>\$</u>	_____	<u>\$</u>	_____
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 PRIOR six-month period to filing the complaint.

Trust Officer Signature \_\_\_\_\_ Date \_\_\_\_\_



When submitting handwritten documents, leave enough space at the top, the bottom, and the sides. Those documents are scanned into the Court's database by hand, which is then the official record.

Please do not use tape or staples on documents.

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF VIRGINIA  
NOTICE TO PARTIES OF RIGHT TO CONSENT TO  
JURISDICTION OF UNITED STATES MAGISTRATE JUDGE

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Plaintiff(s)

v. CIVIL ACTION NO. \_\_\_\_\_  
(Assigned by Clerk's Office)

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Defendant(s) *(For more than one named defendant, place first named defendant with, et al afterwards:  
Example: John Doe, et al)*

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.

**Only return this form if you choose to consent this action to a magistrate judge. Please do so by signing below and returning the form to the Clerk's Office. Otherwise, if you do not want to consent, there is no need to return this form and you do not need to tell us.**

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Printed Name

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Date

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Signature