

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ALABAMA**

**INSTRUCTIONS FOR PRISONERS FILING A COMPLAINT**

This packet contains two (2) copies of a complaint form and one copy of an Application to Proceed *In Forma Pauperis*. To start an action you must file an original signed and dated complaint.

Your complaint must be legibly handwritten or typewritten and the facts of the complaint must be set out clearly and concisely in chronological order. **You** must sign and date the complaint and provide complete contact information (*i.e.*, address and prisoner number). If you need additional space to answer a question, you may use an additional back page. Do **NOT** write on the reverse side of the complaint form.

You will note that you are required to provide facts in your complaint. **THE COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.**

No more than one plaintiff may be named in a complaint. Each plaintiff must file a separate complaint and pay the filing fee or submit an Application to Proceed *In Forma Pauperis*.

Your complaint may be brought in this court only if one or more of the named individual defendants are located within the geographical area covered by the United States District Court for the Northern District of Alabama, which contains the following counties: Bibb, Blount, Calhoun, Cherokee, Clay, Cleburne, Colbert, Cullman, DeKalb, Etowah, Fayette, Franklin, Greene, Jackson, Jefferson, Lamar, Lauderdale, Lawrence, Limestone, Madison, Marion, Marshall, Morgan, Pickens, Shelby, St. Clair, Sumter, Talladega, Tuscaloosa, Walker, and Winston.

You must file a separate complaint for each claim that you have unless the claims are all related to the same incident or issue.

In order for your complaint to be filed, it must be accompanied by the filing fee of \$400.00. If you are unable to pay the filing fee for this action, you may petition the court to proceed as an indigent party. An Application to Proceed *In Forma Pauperis* is included in this packet.

Mail the original complaint and the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis* to the following address: Clerk's Office, United States District Court, Northern District of Alabama, Room 140, Hugo L. Black U.S. Courthouse, 1729 5th Avenue North, Birmingham, AL 35203-2195 or Clerk's Office, United States District Court, Northern District of Alabama, 101 Holmes Avenue, Huntsville, AL 35801.

**UNITED STATES DISTRICT COURT  
for the  
NORTHERN DISTRICT OF ALABAMA**

\_\_\_\_\_  
*Plaintiff*  
*(Write your full name. No more than one plaintiff may be  
named in a complaint.)*

**-v-**

Case No.: \_\_\_\_\_  
*(to be filled in by the Clerk's Office)*

\_\_\_\_\_  
*Defendant(s)*  
*(Write the full name of each defendant who is being sued. If  
the names of all of the defendants cannot fit in the space  
above, please write "see attached" in the space and attach  
an additional page with the full list of names. Do not include  
addresses here. Your complaint may be brought in this court  
only if one or more of the named defendants is located  
within this district.)*

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS  
(Prisoner Complaint)**

**NOTICE**

Federal Rules 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.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis*.

Mail the original complaint and the filing fee of \$400.00 or an Application to Proceed *In Forma Pauperis* to the Clerk of the United States District Court for the Northern District of Alabama, Room 140, Hugo L. Black U.S. Courthouse, 1729 5th Avenue North, Birmingham, Alabama 35203-2195.



Defendant No. 3

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
*City State Zip Code*

Individual Capacity  Official Capacity

Defendant No. 4

Name \_\_\_\_\_

Job or Title (if known) \_\_\_\_\_

Shield Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
*City State Zip Code*

Individual Capacity  Official Capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal law].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities, secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

\_\_\_\_\_  
\_\_\_\_\_

C. Plaintiffs suing under *Bivens* may only recover for violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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D. Section 1983 allows defendants to be found liable only when they have acted “under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia.” 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

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**III. Prisoner Status**

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial Detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (*explain*): \_\_\_\_\_

**IV. State of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

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B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

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C. What date and approximate time did the events giving rise to your claim(s) occur?

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D. What are the facts underlying your claim(s)? (*For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

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**V. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries in detail.

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**VI. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

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**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Don't know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Don't know

If yes, which claims(s)?

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

E. If you did file a grievance:

1. Where did you file the grievance?

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2. What did you claim in your grievance?

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3. What was the result, if any?

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*)

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

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2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

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G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies:

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

**VIII. Previous Lawsuits**

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior 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).

To the best of your knowledge, have you had any cases dismissed based on grounds that it was frivolous, malicious, or failed to state a claim upon which relief may be granted?

Yes

No

If yes, state which court dismissed your case(s), when this occurred, and attach a copy of the order(s) if possible.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to “A” is “Yes,” describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit:

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State):*

\_\_\_\_\_

3. Docket or index number:

\_\_\_\_\_

4. Name of Judge assigned to your case:

\_\_\_\_\_

5. Approximate date of filing lawsuit:

\_\_\_\_\_

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition: \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

### **IX. Certification and Closing**

Under Rule 11 of the Federal Rules of Civil Procedure, 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, modifying, or reversing 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 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.**

Printed Name of Plaintiff: \_\_\_\_\_  
Prison Identification Number: \_\_\_\_\_  
Prison Address: \_\_\_\_\_  
\_\_\_\_\_  
*City*                      *State*                      *Zip Code*

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

Executed on \_\_\_\_\_  
Signature of Plaintiff

**FOR USE BY INCARCERATED PERSONS**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA**

**APPLICATION TO PROCEED IN FORMA PAUPERIS**

Declaring that the personal and financial information I have given below is true and correct, I apply to this Court for authority to proceed with this case without prepayment of fees, costs, or security

1. Your full name: \_\_\_\_\_  
Present mailing address: \_\_\_\_\_  
\_\_\_\_\_

2. Are you presently employed?       Yes       No

If the answer is "Yes," give the name and address of your employer and the amount of your usual monthly salary or wages.

Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Amount of earnings: \$ \_\_\_\_\_ per (*specify pay period*) \_\_\_\_\_

If the answer is "No," give the name and address of your last employer, when you last worked, and the amount of the monthly salary or wages you were receiving.

Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Date last worked: \_\_\_\_\_

Amount of earnings: \$ \_\_\_\_\_ per (*specify pay period*) \_\_\_\_\_

3. Have you received within the past twelve (12) months any money from any of the following sources?

- (a) Business, profession, or any form of self-employment?       Yes       No
- (b) Interest, dividends, rents or investment income of any kind?  Yes       No
- (c) Pensions, annuities, or life insurance payments?       Yes       No
- (d) Gifts or inheritances?       Yes       No
- (e) Any other sources?       Yes       No

If the answer to any of the above is "Yes," describe each source of money and state the amount received from each during the past twelve months.

\_\_\_\_\_  
\_\_\_\_\_

4. Do you own cash, or do you have any money in any checking or saving accounts, including your prison or jail account?       Yes       No

If the answer is "yes," state the total amount. \$ \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding ordinary household items and clothing)?       Yes       No

If the answer is "yes," describe the property and state its approximate value.

\_\_\_\_\_  
\_\_\_\_\_

6. List the persons who are dependent upon you for support, stating your relationship to them and how much you contribute toward their support.

\_\_\_\_\_  
\_\_\_\_\_

**I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PLAINTIFF

\_\_\_\_\_  
Address

\_\_\_\_\_  
Prisoner Number

**★★★ IMPORTANT NOTICE ★★★**

**Your application to proceed *in forma pauperis* is NOT COMPLETE and WILL NOT BE CONSIDERED by the court unless the page entitled "INFORMATION REGARDING PRISONER ACCOUNTS" is properly completed and certified.**

**INFORMATION REGARDING PRISONER ACCOUNTS**

The Prison Litigation Reform Act, Pub. L. No. 104-134, § 804, requires a prisoner seeking to proceed *in forma pauperis* to submit information regarding his prison or jail trust account for the six months preceding the filing of the complaint. This information must be obtained from the appropriate official of each prison or institution at which the prisoner is or was confined within the past six (6) months. This information **must** be certified by prison or jail personnel and **must** include **both** the total deposits made to the prisoner’s account each and every month for the preceding six (6) months and the average monthly balance in the account each and every month during the preceding six (6) months. Information for **six (6) full months** must be provided.

**CERTIFICATION**

I hereby certify that prisoner \_\_\_\_\_ has been incarcerated in this institution since \_\_\_\_\_, \_\_\_\_\_, and that the prisoner has the sum of \$\_\_\_\_\_ in his/her prison or jail trust account on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. I further certify that the information provided below is true and correct.

	Month/Year	Total Deposits Received	Average Account Balance
Month 1	_____	\$_____	\$_____
Month 2	_____	\$_____	\$_____
Month 3	_____	\$_____	\$_____
Month 4	_____	\$_____	\$_____
Month 5	_____	\$_____	\$_____
Month 6	_____	\$_____	\$_____
Current month (if less than full month)	_____	\$_____	\$_____

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer of Institution

\_\_\_\_\_  
Name of Institution