

UNITED STATES DISTRICT COURT DISTRICT OF MARYLAND OFFICE OF THE CLERK

INSTRUCTIONS FOR FILING A PRISONER CIVIL RIGHTS COMPLAINT

The guide includes two attachments:

- Blank complaint form for you to complete and file with the court; and
- Blank motion to proceed in forma pauperis form for you to complete and file with the court if you want to request to pay the filing fee in installments.

BEFORE YOU FILL OUT THE COMPLAINT FORM CHECK THESE THINGS:

1. Did you use the prison's grievance system?

The Prisoner Litigation Reform Act ("PLRA") requires that **before** you file a lawsuit, you need to have taken all possible steps that are required by the prison's grievance system that are available to you. This is known as exhausting your administrative remedies. *See* 42 U.S.C. Section 1997e(a). If you file a lawsuit before you finish the grievance process, the defendants can ask to have your case dismissed. Unless you can show that the defendants prevented you from using the grievance system, the defendants may win on this argument, and your case may then be dismissed.

2. Are you sure that your case states a valid legal claim, and is not frivolous or malicious?

The cost to file a prisoner civil rights complaint is \$405.00. You can ask the court to let you pay the filing fee in installments, by filing a motion to proceed in forma pauperis. If the motion is granted, **you will still have to pay a total of \$350.00**. The \$350.00 will be taken from your prison account over a period of time.

You need to think carefully before filing the case and asking the court to grant a motion to proceed in forma pauperis.

The PLRA places limits on filing lawsuits without prepaying the filing fee. Each case that the court dismisses because it is frivolous, malicious, or fails to state a claim, will count as a "strike." After you receive three "strikes" you will no longer be allowed to file a case without prepaying the filing fee unless you are in imminent danger of serious PHYSICAL injury.

FILLING OUT THE COMPLAINT FORM

When you are ready to fill out the complaint form, follow these steps:

- Write clearly and legibly so the court and the parties can read what you write.

- Write only on the lines provided on the complaint form.

- If you need more room to write, attach extra pages, and number each page. All extra pages need to be written clearly and legibly.

- Do not attach a lot of papers or long statements from witnesses. The complaint form is for you to state facts that support your claim, not to prove facts. You will be able to submit evidence later on if your case moves forward.

- Do not include lengthy quotes from law or cases. Later in the case you may be asked to provide a legal argument to support your claim, but that time is not now.

You must fill out these sections on the Complaint Form:

Beginning Section: Caption and Parties

The caption is the section at the top of the form.

- You are the "plaintiff." Write your full name on the line that asks for this information.

- You are suing the "defendants." Write the full name of each defendant on the line that asks for this information.

- You should leave the "Case No." blank on the caption. A case number will be assigned after you file the complaint.

Step 1: Legal Basis for Claim

This is the section that states what your legal grounds are for filing the lawsuit. Check either the box that says you are suing because your federal constitutional rights were violated, or the "other box." If you check the "other box" state why you think that this court, which is a federal court, should hear your case.

Step 2: <u>Plaintiff Information</u>

This is the section where you state who you are and how you can be identified. Complete all lines in this section.

Step 3: Prisoner Status

Check the box that correctly states why you are being held in custody.

Step 4: Defendant Information

This is the section where you state the name, identification and location of each defendant. You need to provide as much of the requested information as possible or the court will not know how to find and serve these individuals. This may cause your case to be delayed. The defendants' names that you list in this section, must be the same as the defendants' names that you list in the case caption.

Step 5: Statement of Claim

This is the section where you state the FACTS of your case. It is important that you answer the questions that are asked so that the facts of your case are clear. Do not state legal conclusions. For example, stating "my constitutional rights were violated" is a legal conclusion. Instead, state what happened to you – what did each defendant do or not do, how were you harmed, what happened?

If you do not answer the questions, your case may be delayed or dismissed.

You should not state information that is not relevant to your claim. Focus on stating what **each individual defendant** did or did not do to you, that violates the law.

Step 6: Injuries

This is the section where you state if you were injured. If you were injured, state how you got injured and describe your injuries.

Step 7: <u>Relief</u>

This is the section where you state what you want the court to order. State what you think the remedy is for what happened to you.

Step 8: Certification and Warnings

Read this section carefully and be sure to sign and date the complaint. Also provide your full address and the date you deliver your complaint to prison authorities for mailing. If you do not sign your complaint, you will be directed to submit a signed complaint form and this will delay your case.

FILLING OUT THE INFORMA PAUPERIS MOTION

If you file a motion to proceed in forma pauperis, you are asking the court to let you pay the filing fee over a period of time. If the motion is granted by a judge, **you will have to**

pay a total of \$350.00. If you file this motion, you are consenting to make payments until the \$350.00 filing fee is paid.

If the motion is granted, an initial partial fee will be collected from your prison account. The initial amount collected will be the higher of either your six month account balance or the six month average deposits to your account.

After the initial fee is collected, payments will continue to be made from your account until the full \$350.00 is collected or you are released from prison. The amount collected each month will be 20% of the prior month's deposits made to your account. Payments will not be made to the court if the balance in your account is less than \$10.00.

FILING THE COMPLAINT AND FILING FEE OR MOTION

After you complete the complaint form, you will need to mail the complaint to the court. When you mail the complaint, you must also include the fee of \$405.00 or a completed motion to proceed in forma pauperis. Your case cannot go forward if you do not file the complaint, AND either the \$405.00 fee or a completed motion. The complaint, and filing fee or motion should be mailed to:

Clerk of Court U.S. District Court 101 W. Lombard Street Baltimore, Maryland 21201

Do NOT mail your complaint to the individuals you name as defendants.

NEXT STEPS

- After the court receives your complaint you will receive a letter from the Clerk's Office. The letter will give you the case number, the name of the judge who is assigned to the case, and the address you should use to mail documents to the court.
- After the court receives your complaint, AND either the filing fee or your motion to proceed in forma pauperis, your complaint will be reviewed by a judge.

The PLRA requires the court to screen the complaint to determine if any of the claims are frivolous, malicious, or fail to state a claim. The complaint must also be reviewed to determine if you have sued a defendant for damages who is immune from damage claims. *See* 28 U.S.C. Section 1915A.

After the court has reviewed your complaint, you will receive an order from the court. If the court allows the case to go forward, the order will tell you the next steps that will be taken. If the case may not go forward, the order will tell you that the case has been dismissed.

GENERAL INFORMATION

• Everything you file in your case should be sent to the proper address where the judge is located. The correct address will be listed in the letter you receive from the Clerk's Office after you file your complaint. The correct address will be one of the following:

| Clerk of Court | or | Clerk of Court |
|---------------------------|----|---------------------------|
| U.S. District Court | | U.S. District Court |
| 101 W. Lombard Street | | 6500 Cherrywood Lane |
| Baltimore, Maryland 21201 | | Greenbelt, Maryland 20770 |

- PUT YOUR CASE NUMBER ON ALL DOCUMENTS you send the Clerk on your case.
- It is important that you follow all deadlines and instructions that are in court orders or your case may be dismissed.
- You MUST tell the court in writing of any change in your address while your case is pending. Your case may be dismissed if you do not tell the court your new address.
- DO NOT communicate directly with the judge assigned to your case.
- If you want to request that something be done in your case you must file a motion or other document with the Clerk.
- If the case is going forward, the court will generally arrange to have your complaint served on the defendants. Do not send your complaint to the defendants unless the court orders you to do so.
- After the defendants have been served, most will have an attorney representing them. The attorney will receive electronic notification of all documents that you file with the court. At that point, you no longer need to send copies of documents you file with the court to the attorneys that represent the defendants.
- After the defendants have been served with the complaint, if a defendant DOES NOT HAVE AN ATTORNEY, you will need to mail a copy of whatever you file with the court directly to that defendant. You will also need to prepare a certificate of service on the final page of the document stating that you mailed the document directly to the unrepresented defendant.
- You should not file exhibits or documents that were already filed with the court by a defendant. You should simply refer to the exhibit or document that is already filed.
- You must sign all of the documents you file.
- It is not necessary to state in a certificate of service that copies were sent to the court or to the Clerk.

UNITED STATES DISTRICT COURT DISTRICT OF MARYLAND

Print clearly and legibly the following information:

Print the full name of plaintiff.

-against-

Case No.

(Include case number if one has been assigned, otherwise leave blank.)

COMPLAINT

(Prisoner)

Print the full name of each defendant. If you cannot fit the names of all of 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 above must be identical to those contained in Section 4.

1. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a *"Bivens"* action (against federal defendants).

□ Violation of my federal constitutional rights

 \Box Other:

2. PLAINTIFF INFORMATION

Plaintiff must provide the following information. Attach additional pages if necessary.

| First Name | Middle Initial | Last Name | | | |
|----------------|---|------------------------|--------------------------|--|--|
| | | | | | |
| | ther names (or different forms of you sed in previously filing a lawsuit. | ur name) you have ever | used, including any name | | |
| | Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number under which you were held) | | | | |
| Current Pla | ce of Detention | | | | |
| Institution | l Address | | | | |
| | | | | | |
| County, Cit | y S | State | Zip Code | | |
| 3. PRIS | ONER STATUS | | | | |
| Indicate bel | w whether you are a prisoner or oth | er confined person: | | | |
| 🗆 Pretria | detainee | | | | |
| □ Convio | ted and sentenced prisoner | | | | |
| 🗆 Immig | ation detainee | | | | |
| \Box Civilly | committed detainee | | | | |
| \Box Other: | | | _ | | |
| 4. DEFI | NDANT INFORMATION | | | | |

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant

information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to the list of defendants in the case caption at the top of page 1 of this complaint form.

Attach additional pages as necessary.

Defendant 1:

| First Name | Last Name | Badge # |
|------------|-----------|---------|
| | | |

| | Current Job Title (or other identifying information) | | | | |
|--------------|--|---------------------------------|----------|--|--|
| | Current Work Address | | | | |
| | County, City | State | Zip Code | | |
| Defendant 2: | First Name | Last Name | Badge # | | |
| | Current Job Title (o | r other identifying information |) | | |
| | Current Work Addr | ess | | | |
| | County, City | State | Zip Code | | |
| Defendant 3: | First Name | Last Name | Badge # | | |
| | Current Job Title (o | r other identifying information |) | | |
| | Current Work Addr | ess | | | |
| | County, City | State | Zip Code | | |
| Defendant 4: | First Name | Last Name | Badge # | | |
| | Current Job Title (o | r other identifying information |) | | |
| | Current Work Addr | ess | | | |
| | County, City | State | Zip Code | | |

5. STATEMENT OF CLAIM

| • Where did the events take p | lace? |
|---|--|
| Name of institution | |
| Location in the institutio | n |
| If outside an institution, | state where |
| When did the events take pl | ace? |
| Month, date, year | |
| Time of day | |
| State here briefly the FACTS 1. what happened, | that support your case. Describe |
| 2. how you were harmed, a | and |
| 3. how <u>each defendant</u> tha | t you named took wrongful action that caused you harm. |
| Attach additional pages as | necessary. |
| | |
| | |
| | |
| | |
| | |
| | |

6. INJURIES:

If you were injured as a result of these actions, describe your injuries. Also state if you needed medical treatment and if you received it.

7. **RELIEF:**

State briefly what money damages or other relief you want the court to order.

8. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change 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 Federal Rule of Civil Procedure 11.

- I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases, and be required to make prepayment of the filing fee before my complaint can go forward in the court.
- I agree to provide the Clerk's Office with any changes to my address. 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.

Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, plaintiff must also submit an IFP application.

| Date | | Plaintiff's Signature | |
|----------------|----------------|-----------------------|----------|
| | | | |
| First Name | Middle Initial | Last Name | |
| | | | |
| Prison Address | | | |
| | | | |
| County, City | State | | Zip Code |
| | | | |

Date on which I am delivering this complaint to prison authorities for mailing:

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

| | * | |
|--|---|--|
| (Full name, date of birth, identification #, address of petitioner) Plaintiff, | * | |
| v | * | Case No.: (Leave blank. To be filled in by Court.) |
| (Full name and address of defendant) Defendant(s). | * | |

MOTION AND AFFIDAVIT TO PROCEED IN FORMA PAUPERIS

I, ______, declare that I am the plaintiff in this case. Because of my poverty, I am unable to pay the filing fee and costs of this action at this time, nor am I able to give security therefor.

I understand that the fee for filing this type of case is \$350.00. I understand that if my motion is granted, it does not mean I will not have to pay this fee. I understand that if my motion is granted, periodic deductions may be made from my inmate account until the entire fee is paid. By filing this motion, I am agreeing to allow such deductions as are required by law. I understand that if I do not have money in my prison account, but have other resources, the Court may require that I pay the filing fee or a partial filing fee.

I believe that I have a meritorious complaint and am entitled to relief in these proceedings.

In support of this motion, I answer the following questions:

1. Are you presently employed in a prison job or other assignment that results in compensation of any sort, including work release?

YES D NO D

a. If you answered YES, list your employer or assignment and the amount of your wages.

Employer/assignment:

Monthly gross wages:

Monthly net wages:

b. If you answered NO, state the date of your last employment or assignment, the name of your employer or assignment, and the amount of wages you received.

| Date: |
|----------------------|
| Employer/assignment: |
| Monthly gross wages: |
| Monthly net wages: |

2. Within the past twelve months have you received any income from: 1) settlements, judgments, or monetary awards from a court; 2) Social Security, public assistance, workers' compensation or disability payments; 3) a business, profession or other form of self-employment; 4) rent, interest or dividends; 5) retirement, annuity, pension or insurance payment; 6) gifts or inheritances; 7) or any other sources?

YES \square NO \square

If you answered YES, list the amount received, date it was received, and the source.

| Amount | Date received | Source |
|--------|---------------|--------|
| | | |
| | | |
| | | |
| | | |

- 3. How much money do you have in your institutional account?
- 4. How much money do you have in checking, savings or other accounts outside of the institution?
- 5. Do you own or have any interest in any real estate, stocks, bonds, notes, automobiles, or other valuable property (not including ordinary household furnishings and clothes)?

| YES | NO | |
|------|-----|--|
| I LD | 110 | |

If you answered YES, list the value and describe each item.

| Value | Description |
|-------|-------------|
| | |
| | |
| | |
| | |

6. List everyone (including businesses and the government) that you owe money and the amount that you owe.

| | Creditor | Total debt | Monthly payment |
|----|---|--------------------|-----------------|
| | | | |
| | | | |
| | | | |
| 7. | List any other major monthly expenses that you ar | e actually paying. | |
| | Description | | Monthly payment |
| | | | |
| | | | |
| | | | |

8. Attach a certified statement of your prison account for the past six months. If you are unable to do this, one will be requested from prison officials.

I declare under the penalties of perjury that the information above is true and correct.

Date

Signature of Plaintiff

Printed Name

Address

Telephone Number

Email Address