INSTRUCTIONS FOR FILING A PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983 or BIVENS V. SIX UNKNOWN FED. NARCOTICS AGENTS IN THE UNITED STATES DISTRICT COURT WESTERN DISTRICT OF KENTUCKY

COMPLAINT (FORM "A")

(1) The complaint must be legibly handwritten or typewritten on the form provided by the Court. It must be signed by each plaintiff. All questions must be answered concisely in the proper space provided on the form. Do NOT write on the back of any page.

(2) Additional pages are not permitted except with respect to the facts which you rely upon to support your grounds for relief. No citation to authorities is necessary. If briefs or arguments are submitted, they should be submitted in the form of a separate memorandum.

(3) Keep a copy of the complaint for your files.

(4) Exhaustion of available administrative remedies is mandatory and unexhausted claims cannot be brought in court. However, you are **not** required to specifically plead or demonstrate exhaustion in your complaint.

(5) On the form complaint, you will be asked to state whether you are suing each defendant in his/her "individual capacity" or "official capacity" or in both capacities. To illustrate the difference, when you sue someone in his/her "individual capacity" for monetary relief, you are asking the Court to make that person pay you money from his/her own funds because of something he/she did or did not do that violated your constitutional rights. By contrast, when you sue someone in an "official capacity" for monetary relief, even though you name the person, the law views the claim as being brought only against the person's employer, which is usually a city, county or state. Thus, when you sue someone in his/her "official capacity," you are asking the Court to make a city, county or state pay you money because the city, county or state caused the constitutional violation. You may sue a defendant in either his/her individual capacity or official capacity or you may sue a defendant in both capacities.

(6) You must support your claim(s) with facts. Failure to assert a factual basis in support of your claim(s) will result in its dismissal.

SUMMONS (FORM "B")

(1) Prepare a summons for <u>each</u> defendant you have sued.

(2) Write or type the defendant's name and address on the summons in the space provided. You are responsible for providing the address for each defendant and preparing the summons. The Court cannot prepare your summonses.

- (3) Write or type your name in the space provided.
- (4) **DO NOT** fill in any other part of the summons form.
- (5) **DO NOT** mail the summons to any of the defendants.

FILING FEES/APPLICATION TO PROCEED WITHOUT PREPAYMENT (FORM "C")

(1) When you file your complaint, you must submit a filing fee of \$350.00, plus an administrative fee of \$50.00.

(2) If you do not have the necessary funds to pay the filing fee, you may seek to proceed *in forma pauperis* by filing an **application to proceed without prepayment of fees**. If the Court grants the request, you will be permitted to pay the \$350.00 filing fee in installments per the assessment procedure set forth in 28 U.S.C. § 1915(b). You will not be required to pay the \$50.00 administrative fee.

To the application to proceed without prepayment of fees, you **MUST** attach a certified copy of your inmate or prison trust account statement for the 6-month period *immediately* preceding the filing of the complaint. If after notice and an opportunity to comply, you fail to provide the necessary documentation, the Court will deny the application.

If the Court dismisses your case because you failed to provide all the necessary documentation, because you requested a voluntary dismissal, or for any other reason, YOU WILL STILL BE REQUIRED TO PAY THE FILING FEE IN FULL. Your responsibility to pay is not dependent upon your winning your case.

FILING THE COMPLAINT

Mail the following to the Clerk for filing:

- (1) The original complaint. (Form "A").
- (2) A summons for each defendant. (Form "B").

(3) (a) A check or money order in the amount of \$400.00 made payable to the **Clerk**, **United States District Court**; **OR** (b) an application to proceed without prepayment of fees (Form "C") along with a certified copy of your inmate or prison trust account statement for the 6-month period immediately preceding the filing of the complaint.

The Clerk's Office mailing addresses are:

LOUISVILLE	PADUCAH
601 W. Broadway, Rm 106 Gene Snyder United States Courthouse Louisville, KY 40202	501 Broadway, Suite 127 Paducah, KY 42001-6801
BOWLING GREEN	OWENSBORO
241 East Main Street, Suite 120 Bowling Green, KY 42101-2175	423 Frederica Street, Suite 126 Owensboro, KY 42301-3013

PRIVACY NOTICE

Review the attached amended notice of electronic availability of civil case file information. It is your responsibility to exclude and/or redact (blackout) sensitive information identified in documents that you file.

Rev. 4/2013



Rev. 10/10	UNDER 42 U	BE USED BY A <i>PRO SE</i> PRISONER J.S.C. § 1983 or <i>DWN FED. NARCOTICS AGENTS</i>
Kev. 10/10	UNDER BIVENS V. SIA UNRA	JWN FED, NARCOTICS AGENTS
		DISTRICT COURT CT OF KENTUCKY
		,
(Full name o	of the Plaintiff(s) in this action)	
v.		CIVIL ACTION NO (To be supplied by the clerk)
		() DEMAND FOR JURY TRIAL
	·	() NO JURY TRIAL DEMAND (Check only one)

(Full name of the Defendant(s) in this action)

I. PARTIES

(A) **Plaintiff(s)**. Place the full name of the Plaintiff in the first blank below, his/her place of confinement, address, and status. Repeat this procedure for each additional Plaintiff named, if any.

(1) Name of Plaintiff:
Place of Confinement:
Address:
Status of Plaintiff: CONVICTED () PRETRIAL DETAINEE ()
(2) Name of Plaintiff:
Place of Confinement:

	Address:	
	Status of Plaintiff: CONVICTED () PRETRIAL DETAINEE ()
	(3) Name of Plaintiff:	
	Place of Confinement:	
	Address:	
	Status of Plaintiff: CONVICTED () PRETRIAL DETAINEE ()
Mark	 (B) Defendant(s). Place the full name of the Defendant in the first blan al position title in the second blank, and his/her place of employment in the the capacity in which the Defendant is being sued. Repeat this procedure is conal Defendant named, if any. 	e third blank for each
	(1) Defendant	is emplo
as	atatat	·
The D	Defendant is being sued in his/her () individual and/or () official cap	bacity.
	(2) Defendant	is emplo
as	atat	
The I	Defendant is being sued in his/her () individual and/or () official cap	pacity.
	(3) Defendant	is emplo
as	atat	
The I	Defendant is being sued in his/her () individual and/or () official cap	pacity.
The I	Defendant is being sued in his/her () individual and/or () official cap (4) Defendant	
		is emplo

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	(5) Defendant		is employed
as		at	

The Defendant is being sued in his/her (___) individual and/or (___) official capacity.

II. PREVIOUS LAWSUITS

(A) Have you begun other lawsuits in State or Federal court dealing with the <u>same facts</u> involved in this action? YES (___) NO (___)

(B) If your answer to "A" is YES, describe the lawsuit in the spaces below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper, using the same outline.

Parties to the previous lawsuit:

Plaintiff(s):

Defendant(s): _____

Court (if federal court, name the district. If state court, name the county):

Docket number:

Name of judge to whom the case was assigned:

Type of case (for example, habeas corpus or civil rights action):______

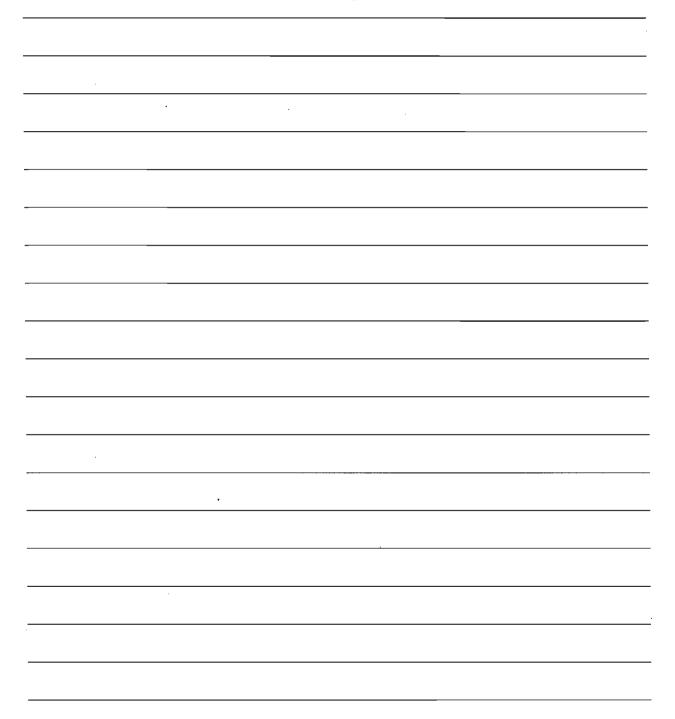
Disposition (for example, Was the case dismissed? Is it still pending? Is it on appeal?):

Approximate date of filing lawsuit:

Approximate date of disposition: ______

III. STATEMENT OF CLAIM(S)

State here the FACTS of your case. State how you believe your constitutional rights were violated. Describe how each Defendant violated your rights. And set forth the dates on which each event took place. Do not make legal arguments or cite cases or statutes. However, identify the constitutional right(s) you allege was/were violated. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs.



III. STATEMENT OF CLAIM(S) continued

IV. RELIEF

State exactly what you want the Court to do for you. (If you seek relief which affects the fact or duration of your imprisonment (for example: release from illegal detention, restoration of good time, expungement of records, release on parole), you must also file your claim under 28 U.S.C. §§ 2241, 2254 or 2255.) The Plaintiff(s) want(s) the Court to:

 award money damages in the amount of \$
 grant injunctive relief by
 award punitive damages in the amount of \$
 other:

V. DECLARATION UNDER PENALTY OF PERJURY (each Plaintiff must sign for him/herself)

I, the undersigned, declare under penalty of perjury that the information contained in this document is true and correct.

This _____ day of ______, 20___.

(Signature of Plaintiff)

(Signature of additional Plaintiff)

(Signature of additional Plaintiff)

I hereby certify that a copy of this complaint was delivered to the prisoner mail system for mailing on ______.

(Signature)

*PLEASE USE THIS EXAMPLE WHEN FILLING OUT YOUR SUMMONS

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Western District of Kentucky

YOUR NAME	
Plaintiff(s)	
V.	
DEFENDANT'S NAME	
Defendant(s)	

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

DEFENDANT'S FULL NAME DEFENDANT'S ADDRESS CITY/STATE/ZIP

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

YOUR FULL NAME YOUR ADDRESS CITY/STATE/ZIP

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: (LEAVE THIS BLANK)

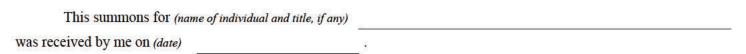
(LEAVE THIS BLANK)

Civil Action No. (LEAVE THIS BLANK)

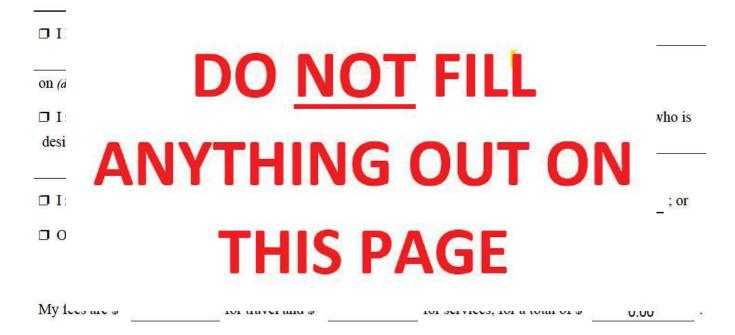
Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))



□ I personally served the summons on the individual at (place)



I declare under penalty of perjury that this information is true.

Date:

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

FORM B

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATE	ES DISTRICT COURT
Plaintiff V.))) Civil Action No.)
Defendant)
SUMMONS	IN A CIVIL ACTION

To: (Defendant's name and address)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (name	e of individual and title, if	(any)			
was req	ceived by me on (date)					_
	□ I personally served t	he summons on the i	ndividual at <i>(place</i>	I		
			_	on (date)	; or	
	□ I left the summons a	t the individual's res	idence or usual pl	ace of abode with (name)		
•				ble age and discretion wh	o resides the	re,
	on (date)	, and mailed	a copy to the ind	vidual's last known addr	ess; or	
	I served the summon	ns on <i>(name of individua</i>	zl)			, who is
	designated by law to a	ccept service of proc				
				on (date)	; or	
	I returned the summ	ions unexecuted beca	use .			; or
	Other (specify).					
	My fees are \$	for travel ar	nd \$	for services, for a tota	l of \$	0.00
	I declare under penalt	of periury that this i	information is true			
	i declare ander penang	y or perjury that this				
Date:						
Date.				· Server's signature		
				Printed name and title		
			·			
				Server's address		

Additional information regarding attempted service, etc:

FORM B

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATE	tor the
-)
Plaintiff V.)) Civil Action No.
Defendant)))
SUMMONS	IN A CIVIL ACTION

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date:

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	name of individual and title, if any)		
received by me on (date)	·		
I personally served	ed the summons on the individual at	(place)	
		<u></u>	; or
□ I left the summor	ns at the individual's residence or us	ual place of abode with (name)	
		suitable age and discretion who reside	es there,
on (date)	, and mailed a copy to th	e individual's last known address; or	
□ I served the sum	mons on (name of individual)		, who is
designated by law t	to accept service of process on behal	f of (name of organization)	
		on (date)	; or
I returned the su	mmons unexecuted because	·	; 01
Other (specify):			
Control (specify).			
My fees are s	for travel and \$	for services for a total of \$	0.00
My fees are \$	for travel and \$	for services, for a total of \$	0.00
			0.00
	for travel and \$ nalty of perjury that this information		0.00
I declare under per			0.00
I declare under per			0.00
		is true.	0.00
I declare under per		is true.	0.00
I declare under per		is true. Server's signature	0.00
I declare under per		is true. Server's signature	0.00

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FORM B

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STA	ATES DISTRICT COURT
Plaintiff V.))) Civil Action No.
 Defendant	— ``,
SUMMO	ONS IN A CIVIL ACTION

To: (Defendant's name and address)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No.

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name	of individual and title, if any)		
received by me on (date)	·		
I personally served the served	ne summons on the individual a	tt (place)	
	·	On (date)	; or
. 🛛 I left the summons at	the individual's residence or u	usual place of abode with (name)	
	, a person o	of suitable age and discretion who resid	les there,
On (date)	, and mailed a copy to	the individual's last known address; or	
I served the summor	IS ON (name of individual)		, who i
designated by law to ac	cept service of process on beha	alf of (name of organization)	
		On (date)	; or
I returned the summ	ons unexecuted because		;0
Other (specify):			
My fees are \$	for travel and \$	for services, for a total of \$	0.00
I declare under penalty	of perjury that this information	n is true.	
te:			
		Server's signature	
		Printed name and title	

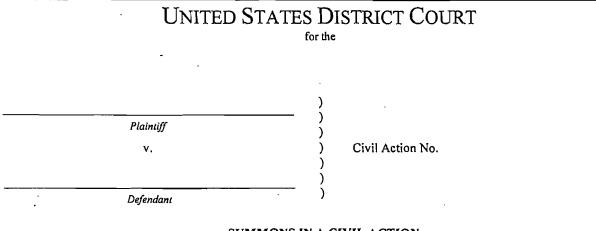
Additional information regarding attempted service, etc:

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FORM B

AO 440 (Rev. 12/09) Summons in a Civil Action



SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

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A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (name	of individual and title, if any)			
was rec	eived by me on (date)	·			
	I personally served t	he summons on the individual at (place)		•	
	· · ·		on (date)	; or	
	□ [left the summons a	t the individual's residence or usual pla	ce of abode with (name)		
		, a person of suitab	le age and discretion who resid	les there	 ?,
	on (date)	, and mailed a copy to the indiv	vidual's last known address; or		
	I served the summore	ns on (name of individual)			, who is
	designated by law to a	ccept service of process on behalf of (na	me of organization)		
			on (date)	; or	
	I returned the summer	ions unexecuted because			; or
	Other (specify):				
	My fees are \$	for travel and \$	for services, for a total of \$		0.00
	I declare under penalt	y of perjury that this information is true.			
Date:			Server's signature		
		· · · · · · · · · · · · · · · · · · ·	Printed name and title		
		· · · · · · · · · · · · · · · · · · ·	Server's address		

Additional information regarding attempted service, etc:

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		ed States District			
	, Plaintiff	PRISONER A WITHOUT PI AFFIDAVIT		N TO PROC F OF FEES	
	, Defendant	(S) CASE NUM	BER:		
relief s my ans Compl "none,"		. I further swear or affirm under p ts are true and correct. d then sign it. Do not leave any bl nore space to answer a question o	oceedings, and the enalty of perjury anks: if the ans	that I believe I am e v under United State wer to a question is	ntitled to the es laws that : " <u>0</u> " or
Signed	d:	Date:			
Print y	our Name:				
1.	State the place of your incarceration Your prisoner identification number:				
2.	Are you currently employed at the ja Do you receive payment from the ja		☐ Yes □ Yes	□ No □ No	·
3.	Estimate the average amount of mo gross amounts, that is, amounts be			during the past 12 r	nonths. Use
	Income Source	Amount received during the	past Amou	Int expected to rec	ceive in the

Income Source	Amount received during the past 12 months	Amount expected to receive in the future
Employment/Self-employment	\$	\$
Income from real property (such as rental income)	\$	\$
Interest & dividends	\$	\$
Gifts or Inheritance	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$

Income Source	Amount received during the past 12 months	Amount expected to receive in the future
Disability (such as social security, insurance payments) Other (specifiy)	\$	\$
·	\$	\$
Total Monthly Income	\$	\$

4. How much cash do you have? \$_

State any money you have in any prison account, or in any checking or savings accounts, or in any other financial institution.

Where is the money? (include name of bank, savings & loan, prison account)	Type of Account	Amount You Have
а.		\$
b.		\$
с.		\$

NOTE: You <u>must</u> attach a statement certified by the appropriate prison or jail officer (see the last page of this document) showing all receipts, expenditures, and balances during the last six months in your prison or jail account(s).

5. List the assets, and their values, which you own. Do not list clothing and ordinary household furnishings.

Asset	Description	Value
a. Stocks, bonds, securities or other financial instruments)		\$
 b. Other valuable property (for example, automobiles) 		\$

Page 2 of 3

6. State every person, business, or organization owing you money, and the amount owed.

	Who owes you money?	Amount owed to you
a.		\$
b.		٠́ \$
с.		\$
d.		\$

7. Do you expect any major changes to your income, or in your assets or liabilities during the next 12 months?

If yes, describe on an attached sheet.

Provide any other information that will help explain why you cannot, or cannot without undue hardship, pre-pay the fees or costs for this case.

CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named in the attached Application to I	Proc	eed	Witho	ut Pi	repayme	ent of Fe	es a	nd Affiday	vit ha	is the sum
of \$	_ on	ac	count	to	his/he	r credit	at	(name	of i	institution)
		·	1 fur	ther	certify	that the	app	licant ha	s the	following
securities to his/her credit:					·				. I fur	ther certify
that during the past six months the applicant's average balance	e wa	s\$_						, ar	nd the	e following
statement of all receipts, expenditures, and balances during the	ne las	st six	morith	ns is	true an	d correc	t.			

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Date: _____

8.

Signature of Authorized Officer:

Printed Name:

Page 3 of 3

IN THE UNITED STATES DISTRICT COURŢ FOR THE EASTERN AND WESTERN DISTRICT OF KENTUCKY

<u>AMENDED</u>

NOTICE OF ELECTRONIC AVAILABILITY OF CIVIL CASE FILE INFORMATION

(AMENDED TO COMPLY WITH THE AUGUST 2, 2004 AMENDMENTS TO THE E-GOVERNMENT ACT OF 2002)

The United States District Courts for the Eastern and Western Districts of Kentucky are making the content of documents filed in electronic form or converted from a paper filing to electronic form available on the court's Internet web site via WebPACER. Any subscriber to WebPACER will be able to read, download, store and print the full content of electronically filed or electronically converted documents. The clerk's office will not make available over the Internet electronic documents that have been sealed or otherwise restricted by court order.¹

You should not include sensitive information in any document filed with the court unless such inclusion is necessary and relevant to the case. Any personal information not otherwise protected will be made available over the Internet via WebPACER. If sensitive information must be included, the following personal identifiers must be partially redacted from the document, whether it is filed on paper or electronically:

A. SOCIAL SECURITY NUMBERS. If an individual's social security number must be included in a document, only the last four digits of that number should be used.

- B. NAMES OF MINOR CHILDREN. If the involvement of a minor child must be mentioned, only the initials of that child should be used.
- C. DATES OF BIRTH. If an individual's date of birth must be included in a document, only the year should be used.
- D. FINANCIAL ACCOUNT NUMBERS. If financial account numbers are relevant, only the last four digits of these numbers should be used.

In compliance with the E-Government Act of 2002, and as amended August 2, 2004, a party filing a document containing any of the personal data identifiers specified above may:

(a) file an unredacted copy under seal. This document shall be retained by the court as part of the record. A redacted copy for the public record must be filed along with the unredacted document under seal. <u>OR</u>

¹Reference Electronic Case Filing Administrative Policies and Procedures for the Eastern and Western Districts of Kentucky

(b) file a reference list under seal. The reference list shall contain the complete personal data identifier(s) and the redacted identifier(s) used in its (their) place in the filing. All references in the case to the redacted identifiers included in the reference list will be construed to refer to the corresponding complete identifier. The reference list must be filed under seal, and may be amended as of right. It shall be retained by the court as part of the record.

The Court recognizes that parties may need to include in the record a document containing information such as any personal identifying number such as a driver's license number; medical records, treatment and diagnosis; employment history; individual financial information; and proprietary or trade secret information. Technical and administrative procedures to effectuate the filing of these documents along with other important information can be found in the Court's Electronic Case Filing Administrative Policies and Procedures (Reference Number 15.2) and the User Manual. The Court's Electronic Case Filing Administrative Policies and Procedures and the Court's User Manuals are available through the Courts' web sites at <u>www.kywd.uscourts.gov</u> and <u>www.kyed.uscourts.gov</u>. or can be obtained from any Division of the Court.

Counsel is strongly urged to share this notice with all clients so that an informed decision about the inclusion of certain materials may be made. It is the sole responsibility of counsel and the parties to be sure that all pleadings and other papers comply with the rules of this court requiring redaction of personal data identifiers. The clerk <u>will not</u> review each document for redaction.

Dated: 10/27/04