UNITED STATES DISTRICT COURT

for the

Distr	rict of
	Division
	Case No.
	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.))) Jury Trial: (check one)
-V-))
))
Defendant(s)))
(Write the full name of each defendant who is being sued. If the	
names of all 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.)	

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-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 or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A		DI .	4 . 00/
Α.	Ihρ	Plai	ntiff(s)
A.	1110	1 141	11111111

В.

Name			
Address			
	City	State	Zip Code
County			
Telephone Number			
E-Mail Address			
Γhe Defendant(s)			
Provide the information below for	each defendant named in the c	complaint whethe	er the defendant is a
ndividual, a government agency,			
nclude the person's job or title (if			
them in their individual capacity of	or official capacity, or both. At	tach additional pa	ages if needed.
Dafan dant Na 1			
Defendant No. 1			
Name	-		
Job or Title (if known)			
Address			
	City.	Ctata	Zin Codo
County	City	State	Zip Code
County Telephone Number	City	State	Zip Code
Telephone Number	City	State	Zip Code
•	City	State	Zip Code
Telephone Number	City Individual capacity	State Official capa	
Telephone Number E-Mail Address (if known)			
Telephone Number E-Mail Address (if known) Defendant No. 2			
Telephone Number E-Mail Address (if known) Defendant No. 2 Name			
Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known)			
Telephone Number E-Mail Address (if known) Defendant No. 2 Name			
Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known)			
Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known)	☐ Individual capacity	☐ Official capa	city
Telephone Number E-Mail Address (if known) Defendant No. 2 Name Job or Title (if known) Address	☐ Individual capacity	☐ Official capa	city

Defendant No. 3

		Name			
		Job or Title (if known)			
		Address			
		_	City	State	Zip Code
		County			
		Telephone Number E-Mail Address (if known)			
		E-Mail Address (y known)			
			☐ Individual capacity	☐ Official capa	city
		Defendant No. 4			
		Name			
		Job or Title (if known)			
		Address			
			City	State	Zip Code
		County	City	Sitile	Zip Code
		Telephone Number			
		E-Mail Address (if known)			
			☐ Individual capacity	Official capa	city
II.	Basis	for Jurisdiction			
	immur Federa	42 U.S.C. § 1983, you may sue state nities secured by the Constitution and al Bureau of Narcotics, 403 U.S. 388 tutional rights.	d [federal laws]." Under Biv	ens v. Six Unknown	Named Agents of
	A.	Are you bringing suit against (check	k all that apply):		
		☐ Federal officials (a <i>Bivens</i> class	im)		
		☐ State or local officials (a § 198	83 claim)		
	В.	Section 1983 allows claims allegin the Constitution and [federal laws] federal constitutional or statutory r	." 42 U.S.C. § 1983. If you	are suing under sec	ction 1983, what
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what const officials?			

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IV.	Inj	jur	ies
	***	Jus.	

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

V. 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.

VI. Certification and Closing

В.

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, 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.

A. For Parties Without an Attorney

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

Date of signing:			
Signature of Plaintiff			
Printed Name of Plaintiff			
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
Telephone Number			
E-mail Address			