

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

**INSTRUCTIONS FOR COMPLETING CIVIL RIGHTS COMPLAINT FORM STATEMENT OF PROCEDURES**

**PRISONER**

READ CAREFULLY

I. General Instructions

Your complaint must be legibly handwritten or typewritten on this form. If your complaint is handwritten, please write legibly. You must sign the complaint at the place indicated for your signature. Under Rule 11, Federal Rules of Civil Procedure, your signature means that you have read the complaint and that to the best of your knowledge, information and belief, the complaint is well grounded in fact and is warranted by existing law. If a complaint is filed in violation of Rule 11, the court may impose appropriate sanctions against you. These sanctions may include a requirement to pay to the defendants the amount of reasonable expenses, including attorney fees, created by the filing of the complaint.

While it is no longer required, you may swear to the truth of the facts which are stated in the complaint by executing a declaration under penalty of perjury that the facts alleged in it are true and correct. If you declare that the facts in your complaint are correct, under penalty or perjury, any false statement of any material fact may serve as the basis for prosecution and conviction. Therefore, you should exercise care to ensure that all statements you make in your complaint are true and correct.

Your complaint may be brought in this court only if one or more of the named defendants are located in the geographical area covered by the United States District Court for the Middle District Court for the Middle District of Alabama. The Middle District of Alabama contains the following counties: Autauga, Barbour, Bullock, Butler, Chambers, Chilton, Coffee, Coosa, Covington, Crenshaw, Dale, Elmore, Geneva, Henry, Houston, Lee, Lowndes, Macon, Montgomery, Pike, Randolph, Russell, and Tallapoosa.

A plaintiff must file a separate complaint for each claim unless the claims are related to the same incident or issue. The complaint should name the defendants against whom relief is sought and briefly state the facts upon which the claim is based. It is not necessary that a plaintiff state each and every fact upon which he may rely. Rule 8(a) of the Federal Rules of Civil Procedure require only a short and plain statement of claim.

No authorities or citations should be set out in the complaint. If briefs and arguments are submitted, they should be submitted in a separate memorandum for which no form is necessary.

You must include in the complaint all grounds for relief and facts supporting such grounds for relief. It is permissible to include no more than two (2) additional pages if more space is needed to answer a question. All pleadings and other papers in cases filed must be on 8 ½ x 11 inch paper. Otherwise, this office cannot accept them for filing. Additionally, all pleadings filed must be an original document. Copies of a pleading will not be accepted.

In order for this complaint to be filed, it must be accompanied by the filing fee of **\$350**. In addition, you will be required to pay the cost of serving the complaint on each of the defendants.

If you are unable to pay the filing fee and service costs for this action, you may petition the court for leave to proceed without payment of fees. A blank application for this purpose is included and it should be filed with your complaint. It must be notarized by a notary public or other official authorized to administer oaths or must contain your statement that it is true and correct. If more than one plaintiff is named on the complaint, a separate application will be required for each.

If you wish to proceed without payment of fees, you must have an authorized officer at the penal institution complete the certificate as to the amount of money and securities on deposit to your credit in any account in the institution. What amount, if any, of the filing fee and the cost of serving the complaint you will be required to pay will be determined from the information supplied to the court by you and the penal institution.

IN THE UNITED STATES DISTRICT COURT FOR  
THE MIDDLE DISTRICT OF ALABAMA

\_\_\_\_\_)  
 Full name and prison name of )  
 Plaintiff(s) )  
 v. )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Name of person(s) who violated your )  
 constitutional rights. (List the names )  
 of all the person.) )

CIVIL ACTION NO. \_\_\_\_\_  
 (To be supplied by Clerk of U.S. District  
 Court)

I. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? YES  No
- B. Have you begun other lawsuits in state or federal court relating to your imprisonment? YES  NO
- C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

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

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

2. Court (if federal court, name the district; if state court, name the county)

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

3. Docket number \_\_\_\_\_
4. Name of judge to whom case was assigned \_\_\_\_\_
5. Disposition (for example: was the case dismissed? Was it appealed? Is it still pending ?) \_\_\_\_\_
6. Approximate date of filing lawsuit \_\_\_\_\_
7. Approximate date of disposition \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT \_\_\_\_\_

PLACE OR INSTITUTION WHERE INCIDENT OCCURRED \_\_\_\_\_

III. NAME AND ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR CONSTITUTIONAL RIGHTS.

NAME

ADDRESS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

IV. THE DATE UPON WHICH SAID VIOLATION OCCURRED \_\_\_\_\_

V. STATE BRIEFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION THAT YOUR CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:

GROUND ONE: \_\_\_\_\_

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.)

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GROUND TWO: \_\_\_\_\_

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SUPPORTING FACTS: \_\_\_\_\_

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GROUND THREE: \_\_\_\_\_

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SUPPORTING FACTS: \_\_\_\_\_

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VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU.  
MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

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\_\_\_\_\_  
Signature of plaintiff(s)

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

Executed on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of plaintiff(s)

# UNITED STATES DISTRICT COURT

for the

Middle District of Alabama

_____	)	
<i>Plaintiff</i>	)	
v.	)	Civil Action No.
_____	)	
<i>Defendant</i>	)	

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_ .  
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My take-home pay or wages are: \$ \_\_\_\_\_ per (*specify pay period*) \_\_\_\_\_ .

3. *Other Income.* In the past 12 months, I have received income from the following sources (*check all that apply*):

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

4. Amount of money that I have in cash or in a checking or savings account:      \$ \_\_\_\_\_ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Printed name*