

United States District Court  
Eastern District of North Carolina  
Western Division

Case No. \_\_\_\_\_  
(To be filled out by Clerk's Office only)

\_\_\_\_\_  
\_\_\_\_\_  
*(In the space above enter the full name(s) of the plaintiff(s).)*

Inmate Number \_\_\_\_\_

-against-

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

**COMPLAINT**

*(Pro Se Prisoner)*

Jury Demand?

Yes

No

\_\_\_\_\_  
*(In the space above enter the full name(s) of the defendant(s). 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 in the above caption must be identical to those contained in Section IV. Do not include addresses here.)*

**NOTICE**

Federal Rule 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.

**I. COMPLAINT**

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

- 42 U.S.C. § 1983 (state, county, or municipal defendants)
  
- Action under *Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)
  
- Action under Federal Tort Claims Act (United States is the proper defendant; must have presented claim in writing to the appropriate Federal agency and received a notice of final denial of the claim pursuant to 28 U.S.C. § 2401(b))

**II. PLAINTIFF INFORMATION**

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Name

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Prisoner ID #

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Place of Detention

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Institutional Address

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City

State

Zip Code

**III. PRISONER STATUS**

*Indicate whether you are a prisoner or other confined person as follows:*

- Pretrial detainee     State     Federal
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner

**IV. DEFENDANT(S) INFORMATION**

*Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.*

Defendant 1: \_\_\_\_\_  
Name

\_\_\_\_\_

Current Job Title

\_\_\_\_\_

Current Work Address

\_\_\_\_\_

City State Zip Code

Capacity in which being sued:  Individual  Official  Both

Defendant 2: \_\_\_\_\_  
Name

\_\_\_\_\_

Current Job Title

\_\_\_\_\_

Current Work Address

\_\_\_\_\_

City State Zip Code

Capacity in which being sued:  Individual  Official  Both

**Defendant(s) Continued**

Defendant 3: \_\_\_\_\_  
Name

\_\_\_\_\_

Current Job Title

\_\_\_\_\_

Current Work Address

\_\_\_\_\_

City State Zip Code

Capacity in which being sued:  Individual  Official  Both

Defendant 4: \_\_\_\_\_  
Name

\_\_\_\_\_

Current Job Title

\_\_\_\_\_

Current Work Address

\_\_\_\_\_

City State Zip Code

Capacity in which being sued:  Individual  Official  Both

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: \_\_\_\_\_

Date(s) of occurrence: \_\_\_\_\_

State which of your federal constitutional or federal statutory rights have been violated:

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

*State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.*

FACTS:

\_\_\_\_\_  
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Who did what to you?
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What  
happened  
to you?

When did it  
happen to  
you?

Where did it  
happen to  
you?



**VI. ADMINISTRATIVE PROCEDURES**

*WARNING: Prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions. 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies.*

Have you filed a grievance concerning the facts relating to this complaint?  Yes  No

If no, explain why not:

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Is the grievance process completed?  Yes  No

If no, explain why not:

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**VII. RELIEF**

*State briefly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.*

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**VIII. PRISONER’S LITIGATION HISTORY**

*The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in forma pauperis in federal court if that prisoner has “on three or more 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).*

Have you brought any other lawsuits in state or federal court while a prisoner?  Yes  No

If yes, how many? \_\_\_\_\_

Number each different lawsuit below and include the following:

- Name of case (including defendants’ names), court, and docket number
- Nature of claim made
- How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.)

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**IX. PLAINTIFF’S CERTIFICATION AND WARNING**

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 or modifying 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.**

*Each Plaintiff must sign and date the complaint and provide prison identification number and prison address.*

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Dated

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Plaintiff’s Signature

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Printed Name

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Prison Identification #

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Prison Address	City	State	Zip Code
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# UNITED STATES DISTRICT COURT

for the

Eastern District of North Carolina

_____ )	
Plaintiff/Petitioner )	
v. )	Civil Action No.
_____ )	
Defendant/Respondent )	

## 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 gross pay or wages are: \$ \_\_\_\_\_ , and 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*