UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF WEST VIRGINIA



INSTRUCTIONS FOR FILING A STATE CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

This packet is to be used by *pro se* prisoners filing a <u>STATE</u> civil rights complaint. Pursuant to 42 U.S.C. § 1983, a complaint may be filed by a <u>STATE</u> prisoner against a person or persons acting under the authority of <u>STATE</u> law who violates that prisoner's constitutional or federal statutory rights or to challenge prison conditions that violate the prisoner's constitutional or federal statutory rights. (LR PL 30.1)

Do NOT use this form for anything other than a <u>STATE</u> civil rights complaint pursuant to 42 U.S.C. § 1983. Separate forms are available for other actions. The Clerk of Court can send you a copy upon request, or one should be available in the law library of your institution.

GENERAL INFORMATION

THE RIGHT COURT AND THE RIGHT DEFENDANTS

You may file your <u>STATE</u> civil rights complaint in the United States District Court for the Northern District of West Virginia <u>ONLY</u> if one or more of the defendants is located in the Northern District, OR if the facts about which you are complaining occurred in the Northern District of West Virginia.

EXHAUSTION

You may not bring an action under Section 1983 or any other federal law <u>UNTIL YOU</u> <u>HAVE EXHAUSTED AVAILABLE ADMINISTRATIVE REMEDIES</u>, including any grievance system. See 42 U.S.C. § 1997e(a).

SCREENING/DISMISSAL

The Court is required to screen your complaint and to dismiss your case at any time if it determines that:

- 1. You failed to exhaust all administrative remedies; or
- 2. Your case is frivolous, or malicious, or fails to state a claim on which relief may be granted, or seeks money from a defendant who is immune from such relief.

THREE-STRIKES RULE

If, while incarcerated or detained in any facility, you have filed three or more civil actions or appeals in federal court which were dismissed, either by a district court or an appellate court, as being frivolous, malicious, or failing to state a claim, you are prohibited from bringing another civil action *in forma pauperis*.

COMPENSATORY DAMAGES

If your case is allowed to proceed and you are awarded compensatory damages against a defendant, before payment of any compensatory damages, the government will attempt to notify victims of the crime for which you were convicted, because you must first pay all pending restitution orders before any part of the award goes to you.

BASIC GUIDELINES

When filing forms and documents with the Court, you must follow these guidelines:

- -Complete all forms as thoroughly as possible
- -Use letter size paper only (8 ½ x 11)
- -Sign all documents
- -Send the original
- -Do not use pencil. Either type or print neatly using black or blue pens only
- -Do not bind or staple documents
- -Write only on the fronts of documents, do not write on the backs of documents
- -Number all additional pages

FORMS AND INSTRUCTIONS FOR FILING DOCUMENTS

To file a civil action, you must use the forms provided by the Court and submit either: (a) the Complaint and filing fee of \$402.00 to be paid by money order or U.S. Treasury check, OR (b) the Complaint and *in forma pauperis* forms, which include: Application and Affidavit to Proceed Without Prepayment of Fees (Attachment B), Consent to Collection of Fees from Trust Account (Attachment C), and the Prisoner Trust Account Report (Attachment D). FAILURE TO SUBMIT ALL OF THE REQUIRED FORMS WILL RESULT IN DISMISSAL OF YOUR COMPLAINT BY THE COURT.

Directions for filing a complaint are listed below and all necessary forms are included. Please read all of the following instructions carefully before completing **ANY** of the attached forms. **PLEASE ALSO READ THE LOCAL RULES OF PRISONER LITIGATION**.

THE COMPLAINT (Attachment A). *Instructions for Completing the Complaint Form:*

- a. Submit one original complaint to the Court. Keep one exact copy of the complaint for your records. If you do not keep a copy of your complaint and later request a copy from the Court, you will be required to pay a copying fee of \$0.50 per page.
- b. Forms from other districts must not be submitted.
- c. Do not write on the back of the complaint forms. If you need more space, use additional sheets of paper not to exceed a total of five (5) typed pages or ten (10) neatly printed pages unless accompanied by a Motion for Leave to file excess pages. (LR PL 3.4.4). Additional pages must be numbered. Your complaint and all other pleadings/documents must be in English and must be neatly printed or typed. (LR PL 3.4.1).
- d. DEFENDANTS: You must provide the Clerk of Court with the complete name and address of each defendant. If the first name is unknown, provide an initial. Otherwise, the Clerk cannot prepare a summons for issuance of service of process by the Marshal. <u>See</u> Rule 4 of the Federal Rules of Civil Procedure.

- e. STATEMENT OF CLAIM: You are required to give facts regarding your complaint. When your complaint involves more than one incident, each incident should be identified as a separate count. Each incident must include appropriate supporting facts and must be clearly described, including the relevant times, dates and locations. Each incident description must also clearly identify the relevant defendant and describe what the defendant's role was in the incident. You must explain what each defendant did to violate your civil rights. All of the claims described in your complaint must arise out of the same set of facts. CLAIMS ARISING OUT OF DIFFERENT SETS OF FACTS MUST BE PRESENTED AND FILED IN SEPARATE COMPLAINTS WHICH REQUIRE SEPARATE FILING FEES. THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.
- f. RELIEF REQUESTED: State what you want the Court to do for you. Do not make legal arguments.
- g. VERIFICATION: You should make sure that all answers are true and correct. You must declare under "Penalty of Perjury" that the information contained in your complaint is true and accurate. This is done by signing the Complaint form on p. 15.
- h. Note: under RULE 11, Federal Rules of Civil Procedure: only the signature of a *pro se* party on pleadings will be acceptable to the Court.
- i. INSTRUCTIONS FOR A COMPLAINT WITH MORE THAN ONE PLAINTIFF: If you and any other plaintiff(s) have the same claims, events, and defendants to be stated in your complaint, each plaintiff must file a separate complaint.

<u>IN FORMA PAUPERIS</u> FORMS (Attachments B, C, D)

To file an application to proceed without prepayment of fees, you must complete and submit the following forms: Application and Affidavit to Proceed Without Prepayment of Fees (Attachment B), Consent to Collection of Fees from Trust Account (Attachment C), and the Prisoner Trust Account Report (Attachment D) with ledger sheets from your prisoner trust account which reflect your account's activity for the past six months.

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After completing the complaint and all applicable forms, proofread them to ensure compliance with all instructions. Return the completed forms to the appropriate point of holding court for the county where the alleged violation of civil rights occurred. The West Virginia counties for each point of holding court are listed below.

Clerk, U.S. District Court PO Box 2857 Clarksburg, WV 26302 Attn: Inmate Litigation Clerk Pleasants, Ritchie, Calhoun, Gilmer, Braxton, Doddridge, Harrison, Marion, Monongalia, Taylor and Preston Counties

Clerk, U.S. District Court 217 W. King St., Room 102 Martinsburg, WV 25401 Attn: Inmate Litigation Clerk Mineral, Hampshire, Morgan, Berkeley and Jefferson Counties Clerk, U.S. District Court PO Box 471 Wheeling, WV 26003 Attn: Inmate Litigation Clerk Hancock, Brooke, Ohio, Marshall, Wetzel and Tyler Counties

Clerk, U.S. District Court PO Box 1518 Elkins, WV 26241 Attn: Inmate Litigation Clerk Lewis, Upshur, Webster, Pocahontas, Randolph, Pendleton, Barbour, Tucker, Grant and Hardy Counties

FILING DOCUMENTS AFTER THE DEFENDANT(S) HAVE ANSWERED

Documents filed with the Clerk of Court after the defendant(s) have answered must be filed with the Court in writing in the form of a pleading, for example: motion, notice, memorandum, etc.

You must serve defense counsel or the defendant(s), if not represented by counsel, with a copy of every pleading, letter, or other document submitted for consideration by the Court. The original of all documents filed with the Clerk must have a "Certificate of Service" (Attachment E).

The Court may return any document submitted to the Clerk of Court for filing that does not bear a proper Certificate of Service. You must sign all papers (pleadings, letters, motions, or other documents) relating to your case and must state the case number. All documents and correspondence submitted to the Clerk of Court should be on letter-size paper (8 ½ x 11 inches). Do not use legal-size (8 ½ x 14 inches) paper.

IMPORTANT ADDITIONAL INFORMATION

- 1. IF YOU DO NOT KEEP THE COURT ADVISED OF YOUR CURRENT ADDRESS, YOUR CASE WILL BE DISMISSED BY THE COURT.
- 2. It is improper to communicate directly with Judges or Magistrate Judges concerning matters that may become a subject in their Court.
- 3. The Clerk, Judges, Laws Clerks, and Magistrate Judges are prohibited from giving legal advice to litigants.

Thank you in advance for your cooperation regarding these instructions.

AT THE DIRECTION OF THE COURT

<u>Cheryl Dean Riley, Clerk</u>
UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF WEST VIRGINIA

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Your full nan	Tame STATE CIVIL RIGHTS OF PURSUANT TO 42 U.S.C	
V.	Civil Action No.:(To be assigned by the Clerk of C	 Court)
Enter above 1	e the full name of defendant(s) in this action	
I. <u>JURI</u>	RISDICTION	
	civil action brought pursuant to 42 U.S.C. § 1983 . The Court hat action pursuant to Title 28 U.S.C. §§ 1331 and 2201.	as jurisdiction
II. <u>PAR</u>	<u>RTIES</u>	
	below, place your full name, inmate number, place of detention ddress in the space provided.	, and complete
A.	Your Name:	
	Inmate No.:	
	Address:	
	below, place the full name of each defendant, his or her official employment, and address in the space provided.	l position,
В.	Name of Defendant:	

	Position:
	Place of Employment:
	Address:
	Was this Defendant acting under the authority or color of state law at the time these claims occurred? □ Yes □ No
	If your answer is "YES," briefly explain:
B. 1	Name of Defendant:
	Position:
	Place of Employment:
	Address:
	Was this Defendant acting under the authority or color of state law at the time these claims occurred? □ Yes □ No
	If your answer is "YES," briefly explain:
B.2	Name of Defendant:
	Position:
	Place of Employment:
	Address:

	Was this Defendant acting under the authority or color of state law at the time these claims occurred? \Box Yes \Box No
	If your answer is "YES," briefly explain:
3	Name of Defendant:
	Position:
	Place of Employment:
	Address:
	Was this Defendant acting under the authority or color of state law at the time these claims occurred? □ Yes □ No
	If your answer is "YES," briefly explain:
1	Name of Defendant:
	Position:
	Place of Employment:
	Address:
	Was this Defendant acting under the authority or color of state law at the time these claims occurred? □ Yes □ No

	B.5	Name of Defendant:
		Position:
		Place of Employment:
		Address:
		Was this Defendant acting under the authority or color of state law at the time these claims occurred? □ Yes □ No
		If your answer is "YES," briefly explain:
III.	PLAC	CE OF PRESENT CONFINEMENT
Name	of Pri	son/Institution:
	A.	Is this where the events concerning your complaint took place? \Box Yes \Box No
		If you answered "NO," where did the events occur?
	В.	Is there a prisoner grievance procedure in the institution where the events occurred? \Box Yes \Box No
	C.	Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure? Yes No
	D.	If your answer is "NO," explain why not

E.	nun	our answer is "YES," identify the administrative grievance procedure aber(s) in which the claims raised in this complaint were addressed and the result at level one, level two, and level three. ATTACH IEVANCES AND RESPONSES :
	LEV	VEL 1
		VEL 2
	LEV	VEL 3
<u>PRE</u>	VIOL	IS LAWSUITS AND ADMINISTRATIVE REMEDIES
A.		re you filed other lawsuits in state or federal court dealing with the same involved in this action? Yes No
В.	is m	our answer is "YES", describe each lawsuit in the space below. If there are than one lawsuit, describe additional lawsuits using the same format a separate piece of paper which you should attach and label: "IVEVIOUS LAWSUITS"
	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.	Case Number:
	4.	Basic Claim Made/Issues Raised:
	5.	Name of Judge(s) to whom case was assigned:

IV.

6.	Disposition:
7.	Approximate date of filing lawsuit:
8.	Approximate date of disposition. ATTACH COPIES
	you seek informal or formal relief from the appropriate administrative eigls regarding the acts complained of in Part B? ☐ Yes ☐ No
•	our answer is "YES," briefly describe how relief was sought and the lt. If your answer is "NO," explain why administrative relief was not ght.
Did	you exhaust available administrative remedies? ☐ Yes ☐ No
	our answer is "YES,", briefly explain the steps taken and attach proof khaustion. If your answer is "NO," briefly explain why administrative
remo	edies were not exhausted.

relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

	1.	Parties to previous lawsuit:
		Plaintiff(s):
		Defendant(s):
	2.	Name and location of court and docket number:
	3.	Grounds for dismissal: □ frivolous □ malicious □ failure to state a claim upon which relief may be granted
	4.	Approximate date of filing lawsuit:
	5.	Approximate date of disposition:
State h to viole as to E involve intend separa ACTIO MAY I	tere, as BRII ate your cons ACH and E ed, dates, and to allege a te paragraph ON. NO MO	EFLY as possible, the facts of your case. Describe what each defendant did titutional rights. You must include allegations of specific wrongful conduct VERY defendant in the complaint. Include also the names of other persons diplaces. Do not give any legal arguments or cite any cases or statutes. If you number of related claims, you must number and set forth each claim in a the UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL DRE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES HED TO THIS COMPLAINT. (LR PL 3.4.4)
	Supporting	Facts:

CLAIM 2:		
Supporting Facts:		
CLAIM 3:		
Supporting Facts:		
CLAIM 4:		
Supporting Facts:		
CLAIM 5:		
Supporting Facts:		

	Describe BRIEFLY and SPECIFI exact nature of your damages.	CALLY how you have been injured and the
VII.	RELIEF	
	State BRIEFLY and EXACTLY we Make no legal arguments. Cite no case	what you want the Court to do for you. es or statutes.
	DECLARATION UNDE	R PENALTY OF PERJURY
	action, that he/she has read the abov	alty of perjury that he/she is the plaintiff in the e complaint and that the information contained e 28 U.S.C. § 1746; 18 U.S.C. § 1621.
Execu	· · · · · · · · · · · · · · · · · · ·	on
	(Location)	(Date)
		Your Signature

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

	
Your full name V.	APPLICATION AND AFFIDAVIT TO PROCEED WITHOUT PREPAYMENT OF FEES
	Civil Action No: (To be assigned by the Clerk of Court)
Enter above the full name of defendant(s)	in this action
	declare that I am the (check appropriate box) ☐ Appellant (on appeal to the Fourth Circuit)
§ 1915, I declare that I am unable entitled to the relief sought in the comif I am granted this application, a	without prepayment of fees or costs under 28 U.S.C. to pay the costs of these proceedings and that I amplaint/petition/motion/notice of appeal. I agree that, portion of any recovery, as directed by the Court, t for reimbursement of all unpaid fees and costs
	ver the following questions under penalty of perjury:

IMPORTANT: HAVE THE INSTITUTION FILL OUT THE <u>PRISONER TRUST ACCOUNT REPORT</u> PORTION OF THIS APPLICATION AND ATTACH A CERTIFIED COPY OF YOUR PRISON TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE PAST SIX MONTHS.

Are you employed at the Institution? ☐ Yes		No		
If the answer is "YES," state the amount of your p	pay:			
In the past twelve (12) months have you receive following sources?	ed a	ny mo	ney fi	om any
a. Business, profession or other self-employment		Yes		No
b. Rent payments, interest, or dividends		Yes		No
c. Pensions, annuities, or life insurance payments		Yes		No
d. Disability or workers compensation payments		Yes		No
e. Gifts or inheritances		Yes		No
f. Any other sources		Yes		No
If you answered "YES" to any portion of questi money and state the amount received and what y receive.	ou	expect	you v	vill cont
money and state the amount received and what y	ou	expect	you v	vill cont
money and state the amount received and what y	cour	expect	you v	vill cont
money and state the amount received and what y receive. Do you have any cash, checking, or savings acc trust account, or are there any such accounts where to other individuals as an account holder?	counte you	expect its, other ur nam	er than	n your p

where your ac account.	red "YES" above, list the name(secounts are located, the type of acc	count, and the present balance of
	an automobile(s), or does your nate any automobile(s)?	
If you answer	red "YES" above, for each such a	automobile please state:
Make	Model	Year
Do you own a	red "YES," what is the amount only real estate, stocks, bonds, secung of value?	urities, other financial instrumen
If you answer	red "YES," describe the property	and state its value.
	any assets or personal property o	other than clothing?
Do you have Property Yes		
□ Yes	red "YES," describe each such as	sset and state its value.

Attachment B

			oe of property, asset and the reason(s) for	nd/or money, give the the transfer.
	Pet	itioner's D	eclaration	
	d of my whereabout		_	onsibility to keep the tin this action being
Executed at		on		
	(Location)		(Date)	 -
		Y	our Signature	

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Your full no	ате		
-			
V.		Civil Action (To be assign	on No.: ned by the Clerk of Court)
Enter abov	e the full name of defendant(s) in	this action	
<u>CC</u>	ONSENT TO COLLECTION	ON OF FEES FROM T	RUST ACCOUNT
of Court f	priate prison officials to with for the United States District cent of the greater of the foll	Court, at Elkins, West V	
(a) OR	The average monthly d immediately preceding the		for the six month period
(b)	The average monthly be immediately preceding the	-	for the six month period
a continu	orther consent for the appropring basis each month, an am	nount equal to 20 percent	t of each month's income.

Attachment C

interim payment to the Clerk's Office in Elkins, West Virginia, until such time as the filing fee is paid in full (\$350.00 if request to proceed IFP is granted; \$402.00 if request to proceed IFP is denied, or as otherwise specified by order of this Court.)

•	horize collection on a continuing basis of any l by the United States District Court for the
Date	Your Signature

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA OFFICE OF THE CLERK P.O. Box 1518 ELKINS, WV 26241-1518

PRISONER TRUST ACCOUNT REPORT

Name:	Inmate #:
TO:	Trust Officer
FROM:	Cheryl Dean Riley, Clerk, U. S. District Court, Northern District of West Virginia
RE:	Civil Action No
from the T preceding months pr	Prison Litigation Reform Act, a prisoner initiating a civil action must obtain frust Officer of each institution in which the prisoner was confined during the six months, a certified copy of the prisoner's trust account statement for the six for to the filing of his or her complaint. In pete this form, attach the supporting ledger sheets, and return these documents oner for mailing to the Clerk of Court. The ledger sheets MUST be attached
_	ourt to process this form.
Date comp	plaint to be filed:
Account B	salance at time of filing complaint:
	E MONTHLY DEPOSITS during the six months prior to the filing of the n:

Attachment D

AVERAGE MONTI civil action:	HLY BALANCE during the six months pr	rior to the filing of the
applicant's trust acco	ove information accurately states the depount for the period shown and that the attatt records maintained in the ordinary cours	ched ledger sheets are true
Date	Authorized Signature	Title

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

	-
Your full name	_
v.	Civil Action No.:
	-
	- -
Enter above the full name of defendant(s) in	this action
Ce	rtificate of Service
I,	_(your name here), appearing <i>pro se</i> , hereby certify that
I have served the foregoing	(title of document
being sent) upon the defendant(s) by	depositing true copies of the same in the United States
mail, postage prepaid, upon the fo	llowing counsel of record for the defendant(s) on
(insert date he	re):
(List name and address of cour	usel for defendant(s))
	(sign your name)

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF WEST VIRGINIA

Case Number: _____ v. NOTICE OF CHANGE OF ADDRESS AND/OR CONTACT INFORMATION FOR PRO SE **LITIGANTS** (Note: You must keep your contact information (address and phone number) current with the Court. The Court and opposing counsel will send orders, correspondence, motions, pleadings, notices, etc., to the last address filed with the Court in writing. Please file a separate Notice of Change of Address form for each case in which you are involved.) I hereby notify the Court that my address has changed as follows: Your name: _____ Old Address:____ New address: My current telephone number is: I hereby request that copies of any future orders, correspondence, motions, pleadings, notices, etc., be provided to me at this new address. I will notify the Clerk of Court in writing by filing a new Notice form if my address or telephone number changes.

Signature_____

Date: _____