

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
_____ DIVISION**

_____)
_____)
_____)
_____)
_____)
_____)

(Enter above the full name of the Plaintiff(s) in this action. Include prison registration number(s).)

v.

Case No. _____
(To be assigned by Clerk)

_____)
_____)
_____)
_____)
_____)
_____)
_____)
_____)

(Enter above the full name of ALL Defendant(s) in this action. Fed. R. Civ. P. 10(a) requires that the caption of the complaint include the names of all the parties. Merely listing one party and "et al." is insufficient. Please attach additional sheets if necessary.)

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

I. PLACE OF PRESENT CONFINEMENT:

II. PREVIOUS CIVIL ACTIONS:

A. Have you brought any other civil actions in state or federal court dealing with the same facts involved in this action or otherwise relating to your confinement?

YES [] NO []

B. If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.

1. Parties to previous civil action:

Plaintiff(s): _____

Defendant(s): _____

2. Court where filed: _____

3. Docket or case number: _____

4. Name of Judge: _____

5. Basic claim made: _____

6. Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?):

III. GRIEVANCE PROCEDURES:

A. Is there a prisoner grievance procedure at the institution in which you are incarcerated?

YES [] NO []

B. Have you presented this grievance system the facts which are at issue in this complaint?

YES [] NO []

C. If your answer to “B” is YES, what steps did you take: _____

D. If your answer to “B” is NO, explain why you have not used the grievance system:

IV. PARTIES TO THIS ACTION:

A. Plaintiff(s)

1. Name of Plaintiff: _____

2. Plaintiff’s address: _____

3. Registration number: _____

4. Additional Plaintiff(s) and address(es): _____

B. Defendant(s)

1. Name of Defendant: _____

2. Defendant’s address: _____

3. Defendant’s employer and job title: _____

4. Additional Defendant(s) and address(es): _____

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES [] NO []

B. If your answer to “A” is NO, have you made an effort to contact an attorney to represent you in this matter?

YES [] NO []

C. If your answer to “B” is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

D. If your answer to “B” is NO, explain why you have not made such efforts:

E. Have you previously been represented by counsel in a civil action in this Court?

YES [] NO []

F. If your answer to “E” is YES, state the attorney’s name and address:

VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a **state** prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES NO

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES [] NO []

Signature of attorney or pro se Plaintiff(s)

Date