

Guider, George #151244

NEW ADDRESS:
GEORGE GUIDER
205133
ARIZONA STATE PRISON -
Douglas

Name and Prisoner/Booking Number
~~Lower Buckeye Jail~~
Place of Confinement
~~3250 W. Lower Buckeye Road~~
Mailing Address
~~Phoenix, AZ 85009~~
City, State, Zip Code

TB B7

GILA 19-75
POST OFFICE Box 5003
DOUGLAS, ARIZONA
85608

FILED _____ LODGED _____
RECEIVED _____ COPY _____
JUL 25 2006
CLERK U S DISTRICT COURT
DISTRICT OF ARIZONA
BY _____ E DEPUTY

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

GEORGE GUIDER
(Full Name of Plaintiff) Plaintiff,

vs.

CASE NO. CN06-1826 PHX-VWS (LOA)
(To be supplied by the Clerk)

LBJ COUNTY JAIL (MARICOPA)
MARICOPA COUNTY SHERIFF,
ET-AL JOSEPH M. ARPAIO SHERIFF
LBJ COUNTY JAIL MEDICAL DEPT.
(Full Name of Each Defendant) Defendant(s).

CIVIL RIGHTS COMPLAINT
BY A PRISONER

- Original Complaint (JURY TRIAL)
- First Amended Complaint
- Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:
 - a. 28 U.S.C. § 1343(a)(3); 42 U.S.C. § 1983
 - b. 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
 - c. Other: (Please specify.) PERSONAL

2. Name of Plaintiff: GEORGE GUIDER 205133
Present mailing address: ARIZONA STATE PRISON-DOUGLAS-GILA 19-75 P.O. BOX 5003 -
DOUGLAS, AZ 85608 (Failure to notify the Court of your change of address may result in dismissal of this action.)

Institution/city where violation occurred: LBJ COUNTY JAIL, PHOENIX, ARIZONA

550/555

3. Name of first Defendant: LBJ County Jail The first Defendant is employed as:
County Jail at DEPARTMENT OF MARICOPA COUNTY
(Position and Title) (Institution)

The first Defendant is sued in his/her: individual capacity official capacity (check one or both).
Explain how the first Defendant was acting under color of law: _____

4. Name of second Defendant: SHERIFF JOSEPH M. ARPAIO The second Defendant is employed as:
SHERIFF at LBJ County Jail
(Position and Title) (Institution)

The second Defendant is sued in his/her: individual capacity official capacity (check one or both).
Explain how the second Defendant was acting under color of law: _____

5. Name of third Defendant: LBJ COUNTY MEDICAL DEPARTMENT The third Defendant is employed as:
MEDICAL DEPT. LBJ at MARICOPA COUNTY JAIL MEDICAL DEPT.
(Position and Title) (Institution)

The third Defendant is sued in his/her: individual capacity official capacity (check one or both).
Explain how the third Defendant was acting under color of law: _____

6. Name of fourth Defendant: N/A The fourth Defendant is employed as:
_____ at _____
(Position and Title) (Institution)

The fourth Defendant is sued in his/her: individual capacity official capacity (check one or both).
Explain how the fourth Defendant was acting under color of law: _____

(If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.)

B. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? Yes No
2. If your answer is "yes," how many lawsuits have you filed? _____. Describe the previous lawsuits in the spaces provided below.
3. First prior lawsuit:
 - a. Parties to previous lawsuit:
Plaintiff: _____
Defendants: N/A

- b. Court: (If federal court, identify the district; if state court, identify the county.) _____ N/A
- c. Case or docket number: _____ N/A
- d. Claims raised: _____ N/A
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____ N/A
- f. Approximate date lawsuit was filed: _____ N/A
- g. Approximate date of disposition: _____ N/A

4. Second prior lawsuit:

- a. Parties to previous lawsuit:
 Plaintiff: _____ N/A
 Defendants: _____
- b. Court: (If federal court, identify the district; if state court, identify the county.) _____ N/A
- c. Case or docket number: _____ N/A
- d. Claims raised: _____ N/A
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____ N/A
- f. Approximate date lawsuit was filed: _____ N/A
- g. Approximate date of disposition: _____ N/A

5. Third prior lawsuit:

- a. Parties to previous lawsuit:
 Plaintiff: _____ N/A
 Defendants: _____
- b. Court: (If federal court, identify the district; if state court, identify the county.) _____ N/A
- c. Case or docket number: _____ N/A
- d. Claims raised: _____ N/A
- e. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) _____ N/A
- f. Approximate date lawsuit was filed: _____ N/A
- g. Approximate date of disposition: _____ N/A

(If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.)

C. CAUSE OF ACTION

COUNT I

1. The following constitutional or other federal civil right has been violated by the Defendant(s):
LBJ COUNTY JAIL DEPARTMENT OF MARICOPA COUNTY

2. Count I involves: (Check **only one**; if your claim involves more than one issue, each issue should be stated in a different count)

<input type="checkbox"/> Mail	<input type="checkbox"/> Access to the court	<input type="checkbox"/> Medical care
<input type="checkbox"/> Disciplinary proceedings	<input type="checkbox"/> Property	<input type="checkbox"/> Exercise of religion
<input type="checkbox"/> Excessive force by an officer	<input checked="" type="checkbox"/> Threat to safety	<input type="checkbox"/> Other: _____

3. **Supporting Facts:** (State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

I WAS INCARCERATED IN LBJ COUNTY JAIL, IN CELL T11A27, THE CELL DOOR WAS BROKEN (NOT WORKING) WHEN I ARRIVED. I QUICKLY SUBMITTED THE PROPER FORM TO THE MAINTENANCE DEPARTMENT FOR REPAIRS. ON APRIL 9, 2006 OF APRIL 1ST I INJURED MY BACK AND KNEE BY OPENING THE CELL DOOR, BECAUSE IT NEVER OPEN ON THE STAFF OPERATING COMMAND, BECAUSE IT NEEDED REPAIRS. THE INCIDENT OCCURRED ABOUT 30 DAYS AFTER I SUBMITTED THE TANK ORDER. ON 4-4-06, I SUBMITTED A TANK ORDER TO MEDICAL AND THE NURSE THAT RECEIVED THE FORM GAVE ME A BOTTOM BRACK ON THE LOWER LEVEL THAT NEVER HAPPEN. I WANTED 16 DAYS BEFORE I WAS SEEN BY THE DOCTOR, MY BACK WAS SPRANG AND A CONTULSION ON MY KNEE. I ALSO SUBMITTED A GRIEVANCE FORM, THAT WAS RECEIVED BY # 30063, WHICH HE TOLD ME I'LL BE REMOVED ASAP, BUT THAT NEVER HAPPEN. I WAS 49 YEARS OLD AT THAT TIME I SUFFERED SEVERELY. AND AS THIS DAY 7-24-06 I STILL SUFFER FROM SOME DISCOMFORT ACROSS MY BACK.

4. **Injury:** (State how you have been injured by the actions or inactions of the Defendant(s)).

I SUFFERED FROM A SPA SPRANG BACK, CENTER & LOWER ALSO SUFFERED FROM A CONTULSION ON MY RIGHT KNEE LOWER BACK SWELLING, AND SWELLING OF THE KNEE.

5. **Administrative Remedies:**

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
- b. Did you submit a request for administrative relief on Count I? Yes No
- c. Did you appeal your request for relief on Count I to the highest level? Yes No
- d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not.

I WAS REMOVED FROM LBJ COUNTY JAIL, TO DOUGLAS PRISON, I ALSO RECEIVED MEDICATIONS FROM AL HARRA FOR PAIN, WHICH IS DOCUMENTED.

COUNT II

1. The following constitutional or other federal civil right has been violated by the Defendant(s): MARICOPA COUNTY SHERIFF ETAL JOSEPH M. ARPAIO

2. Count II involves: (Check only one; if your claim involves more than one issue, each issue should be stated in a different count)
- Mail Access to the court Medical care
- Disciplinary proceedings Property Exercise of religion Retaliation
- Excessive force by an officer Threat to safety Other: OVER CROWDED

3. Supporting Facts: (State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

I WAS INCARCERATED IN LBS COUNTY JAIL, IN CELL T11A27 AT THE TIME OF THE INCIDENT ON 4-1-06 WITH THE CELL DOOR, A 3RD INMATES STACK-A-BUNK ENHANCE THE STRUGGLE FOR ME TO REGAIN MY BALANCE THERE WAS NO SPACE FOR ME TO PREVENT MYSELF FROM MY INJURIES. IT WAS A TWO MAN CELL WITH A 3RD INMATE ~~OP~~ OCCUPYING THE FLOOR SPACE FOR HIS INCARCERATION. I BELIEVE THAT CONTRIBUTE TO MY INJURIES - THE VIOLATION OF MY INCARCERATION SPACE.

WITHOUT CITING LEGAL AUTHORITY OR ARGUMENTS MY RIGHTS WERE WAS VIOLATED BECAUSE OF AN OVERCROWDED JAIL CELL, AND BROKEN CELL DOOR

(I HAVE ALL DOCUMENTATION OF THE INCIDENT)

I ALSO FEEL BEING IN THAT BROKEN CELL WITH A BROKEN DOOR AND BEING OVERCROWDED IN THE T11A27 WAS DANGEROUS TO MY LIFE

4. Injury: (State how you have been injured by the actions or inactions of the Defendant(s)).

I SUSTAINED INJURIES TO MY BACK & KNEE SPRANG BACK LOWER CENTER, CONTUSION ON RIGHT KNEE. THE MEDICAL DEPARTMENT OF LBS HAS DOCUMENTATION.

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
- b. Did you submit a request for administrative relief on Count II? Yes No
- c. Did you appeal your request for relief on Count II to the highest level? Yes No

d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. I WAS REMOVED FROM LBS COUNTY JAIL, TO DOUGLAS PRISON.

COUNT III

1. The following constitutional or other federal civil right has been violated by the Defendant(s): L B J COUNTY JAIL MEDICAL DEPARTMENT - VIOLATION OF THE 8TH AMENDMENT

2. Count III involves: (Check only one; if your claim involves more than one issue, each issue should be stated in a different count)
 Mail Access to the court Medical care
 Disciplinary proceedings Property Exercise of religion Retaliation
 Excessive force by an officer Threat to safety Other:

3. Supporting Facts: (State as briefly as possible the FACTS supporting Count III. Describe exactly what each Defendant did or did not do to violate your rights. State the facts clearly in your own words without citing legal authority or arguments).

ON APRIL 4, 2006, I SUBMITTED A MEDICAL TANK ORDER TO MEDICAL AND VIRBALLY TOLD THE NURSE THE CAUSE OF INJURIES, SHE GAVE ME A LOWER LEVEL AND LOWER BUNK (AUTHORIZATION FOR EXTRA ITEMS FORM) LATER THAT EVENING SINCE I WAS NEVER MOVED, I SUBMITTED A GRIEVANCE TO OFFICER BOOGB, AND I WAS TOLD BY THE OFFICER, WHEN ROOM BECOMES AVAILABLE IN MY POD TII, THAT I'LL BE MOVED TO LOWER LEVEL. I WASNT SEEN BY A DOCTOR FOR 16 DAYS AS I SUFFERED FROM MY INJURIES ON APRIL 17, 2006; I SEEN THE DOCTOR AND I WASNT GIVEN ANY TYPE OF THEREPY OR PAIN RELIEVER. ON THE EVENING OF 4-21-06, I FINALLY RECEIVED TWO PAIN TABLETS, BUT I DIDNT RECEIVED ANY OTHER TREATMENT I THEN SUFFERED UNTIL MY REMOVAL FROM LBS JAIL TO AL HAMBRA WHERE I WAS GIVEN MORE PAIN PILL, FOR MY INJURIES FROM LBS COUNTY JAIL. I SHOULD HAVE RECEIVED THE PROPER MEDICAL ATTENTION THAT WAS REQUIRED FOR THE INJURIES I SUSTAINED.

4. Injury: (State how you have been injured by the actions or inactions of the Defendant(s)).
EXCESSIVE PAIN, SUFFERING, MENTAL DISTRESS, EMOTIONAL DISTRESS HUMILIATION AND SWELLING FROM INJURIES.

5. Administrative Remedies:
a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
b. Did you submit a request for administrative relief on Count III? Yes No
c. Did you appeal your request for relief on Count III to the highest level? Yes No
d. If you did not submit or appeal a request for administrative relief to the highest level, briefly explain why you did not. I WAS REMOVED TO DOUGLAS PRISON

(If you assert more than three Counts, answer the questions listed above for each additional Count on a separate page.)

D. REQUEST FOR RELIEF

State briefly exactly what you want the Court to do for you.

DUE TO THE MENTAL AND PHYSICAL SUFFERING

I SUFFERED FROM LOTS OF BACK PAIN

SLEEPLESS NIGHTS, BRUISES, NERVOUSNESS, MENTAL ANGUISH
HUMILIATION, SWELLING AND ENDLESS PAIN AND DISCOMFORT

ALONG WITH THE CONTUSION ON MY RIGHT KNEE
CAUSE MADE IT VERY DIFFICULT FOR ME TO TRAVEL TO

MANDATORY DESIGNATIONS WITHOUT THE PROPER SUPPORT
FROM MEDICAL CAUSE GREAT EMBARRASSMENT AND DISCOMFORT

I FEEL ITS ONLY FAIR THAT I'M AWARDED THE

AMOUNT OF \$150,000 AND \$75,000 FOR FUTURE
MEDICAL EXPENSES - A TOTAL AMOUNT OF \$225,000⁰⁰

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

Executed on 7-24-06
DATE

George Guiden
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If needed, you may attach no more than fifteen additional pages. The form, however, must be completely filled in to the extent applicable.

NEW ADDRESS

GEORGE GUIDER
205133

ARIZONA STATE PRISON-DOUGLAS
GILA 19-75
POST OFFICE BOX 5003
DOUGLAS, ARIZONA
85608

Guider, George P151244

Name and Prisoner/Booking Number

~~Lower Buckeye Jail~~

T 13 B 07

Place of Confinement

~~3250 W. Lower Buckeye Road~~

Mailing Address

~~Phoenix, AZ 85009~~

City, State, Zip Code

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

GEORGE GUIDER
Plaintiff,

vs.

LBS COUNTY JAIL, LBS COUNTY MEDICAL DEPT.
Defendant(s).

MARICOPA COUNTY SHERIFF ET AL JOSEPH M. ARPAIO

CASE NO. _____

APPLICATION TO PROCEED
IN FORMA PAUPERIS
BY A PRISONER
CIVIL (NON-HABEAS)

I, _____, declare, in support of my request to proceed in the above entitled case without prepayment of fees under 28 U.S.C. § 1915, that I am unable to pay the fees for these proceedings or to give security therefor and that I believe I am entitled to relief.

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

1. Have you ever before brought an action or appeal in a federal court while you were incarcerated or detained?
 Yes No If "Yes," how many have you filed? _____
Were any of the actions or appeals dismissed because they were frivolous, malicious, or failed to state a claim upon which relief may be granted? Yes No If "Yes," how many of them? _____

2. Are you currently employed at the institution where you are confined? Yes No
If "Yes," state the amount of your pay and where you work. ARIZONA STATE PRISON - DOUGLAS
GILA YARD - NORTH YARD CREW - BROOM SWEEPER

3. Do you receive any other payments from the institution where you are confined? Yes No
If "Yes," state the source and amount of the payments. _____

4. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? Yes No
If "Yes," state the sources and amounts of the income, savings, or assets. _____

I declare under penalty of perjury that the above information is true and correct

7-24-06
DATE

George Guider
SIGNATURE OF APPLICANT

CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

I, GEORGE GUIDER, hereby consent to having the designated correctional officials at this institution release to the Court my trust account information. I further consent to having the designated correctional officials at this institution withdraw from my trust account the funds required to comply with the order of this Court for the payment of filing fees in accordance with 28 U.S.C. § 1915(b).

My consent includes withdrawal from my account by correctional officials of partial initial payments to this Court equal to 20% of the greater of:

- (A) the average monthly deposits to my account for the six-month period preceding my filing of this action, or
- (B) the average monthly balance in my account for the six-month period preceding my filing of this action.

My consent also includes monthly withdrawals from my account by correctional officials of an amount equal to 20% of each month's income. Whenever the amount in my account reaches \$10.00, correctional officials will withdraw that amount and forward it to the Court until the required filing fee is paid in full. I understand that I am liable for paying the entire fee, even if my case is dismissed by the Court before the fee is fully paid.

7-24-06
DATE

George Guider
SIGNATURE OF APPLICANT

CERTIFICATE OF CORRECTIONAL OFFICIAL
AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

I, _____, certify that as of the date applicant signed this application:
(Printed name of official)

The applicant's trust account balance at this institution is: \$ 20.00
The applicant's average monthly deposits during the prior six months is: \$ _____
The applicant's average monthly balance during the prior six months is: \$ _____
The attached certified account statement accurately reflects the status of the applicant's account.

DATE AUTHORIZED SIGNATURE TITLE/ID NUMBER INSTITUTION