

Wozniak, Jesse P255027
 Name and Prisoner/Booking Number
Fourth Avenue Jail 4E 407
 Place of Confinement
201 S. 4th Avenue
 Mailing Address
Phoenix, AZ 85003
 City, State, Zip Code

FILED LODGED
 RECEIVED COPY
 JUL 06 2007
 CLERK U S DISTRICT COURT
 DISTRICT OF ARIZONA
 BY _____ B. DEPUTY

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

WOZNIAK, JESSE P
(Full Name of Plaintiff) Plaintiff,

vs.

CASE NO. Cv 07-1316 PHX DGC (JRT)
(To be supplied by the Clerk)

(1) SGT BILB A7363
(Full Name of Defendant)

(2) OFC T CARPENTER B9347

(3) John Doe

(4) John Doe

Defendant(s).

Check if there are additional Defendants and attach page 1-A listing them.

CIVIL RIGHTS COMPLAINT
BY A PRISONER

- Original Complaint
- First Amended Complaint
- Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:
 - 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
 - 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
 - Other: _____
2. Institution/city where violation occurred: P23. 3250 W Lower Buckeye Jail.

PLEASE READ INSTRUCTIONS PRIOR TO FILLING OUT FORMS.
INSTRUCTIONS ARE IN BACK OF THIS PACKET.

B. DEFENDANTS

- 1. Name of first Defendant: SGT GILL A7363. The first Defendant is employed as:
A unit sergeant at Lower Buckeye Jail P23.
(Position and Title) (Institution)
- 2. Name of second Defendant: ofc T carpenter B8347. The second Defendant is employed as:
Detection officer at Lower Buckeye Jail.
(Position and Title) (Institution)
- 3. Name of third Defendant: John Doe. The third Defendant is employed as:
Detection officer at Lower Buckeye Jail.
(Position and Title) (Institution)
- 4. Name of fourth Defendant: John Doe. The fourth Defendant is employed as:
Detection officer at Lower Buckeye Jail.
(Position and Title) (Institution)

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

C. PREVIOUS LAWSUITS

- 1. Have you filed any other lawsuits while you were a prisoner? Yes No
- 2. If yes, how many lawsuits have you filed? 1. Describe the previous lawsuits:
 - a. First prior lawsuit:
 - 1. Parties: JESSE R WOZNIAK v. MCSO Medical & Sheriff
 - 2. Court and case number: _____
 - 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) It is still pending.
 - b. Second prior lawsuit:
 - 1. Parties: _____ v. _____
 - 2. Court and case number: _____
 - 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 - 1. Parties: _____ v. _____
 - 2. Court and case number: _____
 - 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

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

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated: 4th amendment

2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.
 Basic necessities 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 I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

At lower Buckeye Jail P23 at about 5:00 pm on 5 27 07 I myself Jesse R wozniak was pulled out of cell A 16. I was rudely pushed and shoved across the room and used humiliated when officer carpenter B8347 put his boot in the back of my pants on my buttocks and stomped down causing my pants and underwear to come off in front of a lady SGT and inmates I was stripped with no privacy. After this happen I was slammed head first in between cell 1 and cell 2. I was naked and on the camera footage and pool footage the staff will show I had a spit mask on my face 'for reasons I don't know I was not once combative nor was I aggressive' And instead of officers untieing the spit mask they very roughly tried to rip it off causing the straps to burn and cut into my shoulder and left arm and the side of my neck. I asked a 3rd shift SGT to take pictures of my injuries - so I believe they are all on file at L.B.J P23.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).
I was humiliated when officers stripped me in front of the pod naked and I suffered cuts bruises and burns from them ripping the spit mask off my face. I also suffer from added depression.

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 at any level, briefly explain why you did not. I submitted 2 Grievances and have heard no word back on the issue.

COUNT II

1. State the constitutional or other federal civil right that was violated: 8th amendment

2. Count II. Identify the issue involved. Check only one. State additional issues in separate counts.

- Basic necessities 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 II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

on 5-27-07 at about 5:05 I was in front of cell 1-A at P23 while officers verbally abused me while waiting for the door to open once I got into the cell officers began yanking my arms all over the trap 'mind you I had 20 stitches in my left arm' officers did not take this into consideration instead they kept yelling put your hands out. My whole arms were out officers were using excessive force by 'I feel' trying to break my arms. And using the handcuffs as a weapon to dig into my wrist 'after I already had cut marks on my arms' these officers ended up busting 2 of my stitches open. For sure I know officer T carpenter 8837 was one of the men with my left arm, before he let my left arm go he slammed it hard side ways on the trap there were 4 officers involved 3 of which none of them would give me their names I received officer carpenter's from a DAR - and SGT Gibbs A7363, over see this whole incident. Never once coming to my aid. The violence by the officers was uncalled for and these officers used their power to physically hurt and humiliate me. I still suffer from night nerves and distrust to all M.C.S.'s staff after 2 incidents.

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

2 of my stitches were busted and my left arm swelled up I was in pain for a week. Doctors took ex rays and I don't know the out come

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 at any level, briefly explain why you did not. I put in 2 grievances and have heard nothing back for 2 1/2 weeks.

COUNT III

1. State the constitutional or other federal civil right that was violated: _____

2. **Count III.** Identify the issue involved. Check **only one**. State additional issues in separate counts.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <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"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

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

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

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 at any level, briefly explain why you did not. _____

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

E. REQUEST FOR RELIEF

State the relief you are seeking:

I am seeking damage monies due to mental distress & physical injury and pain and suffering. Due to W.C.S.O LBJ officers assaulting me and humiliating me. They violated my 8th and my 14th amendments. I feel these officers over used their power and wish to persecute each officer. As it is my right. Due to the statements above I deeply feel I am eligible for compensation for this mental assault. With this being said I Jesso R. Wozniak being of sound mind and body conclude my statement.

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

Executed on 6-28-07
DATE

Jesso R. Wozniak
SIGNATURE OF PLAINTIFF

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

NA
(Signature of attorney, if any)

NA
(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

Wozniak, Jesse P255027
Name and Prisoner/Booking Number

Fourth Avenue Jail 4E407
Place of Confinement

201 S. 4th Avenue
Mailing Address

Phoenix, AZ 85003
City, State, Zip Code

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

JESSE R WOZNIAK,)
Plaintiff,) CASE NO. _____
vs.)
SGT GIBB A7363,)
Defendant(s).)
Other Defendants see LA)

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

I, JESSE R WOZNIAK P255027, 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? 1.
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. _____
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. _____

Defendants

- 2) officer T carpenter B8347
- 3) John doe
- 4) John doe

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.

6-28-07
DATE

Jesse R Wozniak
SIGNATURE OF APPLICANT

CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

I, Jesse R Wozniak, 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.

6-28-07
DATE

Jesse R Wozniak
SIGNATURE OF APPLICANT

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

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

The applicant's trust account balance at this institution is: \$ 0.45
 The applicant's average monthly deposits during the prior six months is: \$ N/A
 The applicant's average monthly balance during the prior six months is: \$ N/A
 The attached certified account statement accurately reflects the status of the applicant's account.

7-3-07
DATE

S. Field
AUTHORIZED SIGNATURE

B0459
TITLE/ID NUMBER

MC80
INSTITUTION

07/03/07
13:06:30

Inmate Account Statement

=====
Booking Number: P255027 Name: WOZNIAK, JESSE ROMANE

Acct Number: P255027R Type: REG - Regular Account
Status: OPN - Account Open

.....Transaction.....

Date	Time	Type	Description	Amount	Balance	Acct Sts
01/25/07	09:26:03	I	Init. Funds Dep	\$20.00	\$20.00	OPN
02/07/07	10:04:55	S	Canteen Sale	-\$14.55	\$5.45	OPN
02/13/07	14:23:01	H	Hlth Svcs CoPay	-\$5.45	\$0.00	OPN
03/20/07	09:43:14	D	Deposit	\$25.00	\$25.00	OPN
03/20/07	09:43:14	H	Hlth Svcs CoPay	-\$25.00	\$0.00	OPN
06/14/07	13:17:21	D	Deposit	\$10.00	\$10.00	OPN
06/14/07	13:17:21	H	Hlth Svcs CoPay	-\$9.55	\$0.45	OPN
Ending Balance:				\$0.45		

*** NOTE: Funds available for self bond ==>====>====>====>====>====>====> \$0.45
(Ending Balance) << OR >> 0

=====
I hereby accept the above as an accurate statement of all transactions involving
my inmate account(s) while in custody of the Maricopa County Sheriff's Office.

Inmate Signature: _____ Date: _____

=====
* * * E N D O F S T A T E M E N T * * * =====

MARICOPA COUNTY SHERIFF'S OFFICE
JOSEPH M. ARPAIO SHERIFF

CERTIFICATION

I hereby certify that on this date JUL 3 2007

I filed mailed the original and one (1) copy to the Clerk of the

United States District Court, District of Arizona.

Hon _____ United States District Court, District of Arizona.

I further certify that copies of the original have been forwarded to:

Attorney General, State of Arizona.

Judge, _____, Superior Court, Maricopa County, State of Arizona.

County Attorney, Maricopa County, State of Arizona,

Public Defender, Maricopa County, State of Arizona.

Attorney, _____

Field

INMATE LEGAL SERVICES
Maricopa County Sheriff's Office
201 S. 4th Avenue
Phoenix, AZ 85003