

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF ARKANSAS
FAYETTEVILLE DIVISION

GREGORY D. PHILLIPS

PLAINTIFF

v.

Case No.: 07-5117

JAILER REEVES, SHERIFF FERGUSON,
JAILER MONROE, BENTON COUNTY SHERIFF'S
OFFICE, CAPTAIN PETRAY, and BENTON COUNTY JAIL

DEFENDANTS

ORDER

Plaintiff's complaint was filed in this case on June 27, 2007. Before the undersigned is the issue of whether the complaint should be served. In order to assist the court in making such determination, it is necessary that plaintiff provide additional information.

Accordingly, it is ordered that plaintiff, Gregory D. Phillips, complete and sign the attached addendum to his complaint, and return the same to the court **by August 6, 2007**. **Plaintiff is advised that should he fail to return the completed and executed addendum by August 6, 2007, his complaint may be dismissed without prejudice for failure to prosecute and/or for failure to obey an order of the court.**

IT IS SO ORDERED this 6th day of July, 2007.

/s/ J. Marschewski

HON. JAMES R. MARSCHEWSKI
UNITED STATES MAGISTRATE JUDGE

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ADDENDUM TO COMPLAINT

TO: GREGORY D. PHILLIPS

This form is sent to you so that you may assist the court in making a determination as to the issue of whether the complaint should be served upon the defendants. Accordingly, it is required that you fill out this form and send it back to the court by **August 6, 2007**. Failure to do so will result in the dismissal of your complaint.

The response must be legibly handwritten or typewritten, and all questions must be answered completely in the proper space provided on this form. If you need additional space, you may attach additional sheets of paper to this addendum.

RESPONSE

In your complaint, you allege Defendants denied you medical care while in the Benton County Jail. Specifically, you allege Defendants failed to provide you with pain reliever medication that was prescribed for you "PRN." You allege the denial of medication was ongoing for three or four days.

1. Provide the dates of your incarceration at the Benton County Jail. (In answering, be specific).

Answer:

2. Were you incarcerated at the Benton County Jail solely because of pending criminal charges?

Answer: Yes _____ No _____.

If you answered yes, please state what charges are pending against you.

If you answered no, please state whether you are serving a sentence or if your probation, parole, or supervised release has been revoked.

3. You have named the Benton County Jail and Sheriff's Office as defendants. The Benton County Jail is not a legal entity subject to suit under section 1983. *See e.g., Powell v. Cook County Jail*, 814 F. Supp. 757 (N.D. Ill. 1993) (jail not subject to suit); *Marsden v. Fed. Bureau of Prisons*,

856 F. Supp. 832, 836 (S.D.N.Y.1994) ("jail is not an entity that is amenable to suit"); *In re Scott County Master Docket*, 672 F. Supp. 1152, 1163 n. 1 (D. Minn.1987) (sheriff's department is not legal entity subject to suit), *aff'd, Myers v. Scott County*, 868 F.2d 1017 (8th Cir.1989). Are there individuals you would like to name as Defendants in place of the entities Benton County Jail and Benton County Sheriff's Office?

Answer: Yes _____ No _____

If yes, please list the individuals you would like to name in place of the Benton County Sheriff's Office and Benton County Jail.

(a) As to each newly-named Defendant you have specifically named above, please state what actions he/she took to deprive you of your constitutional rights. Be specific and include dates of each incident.

6. (a) Why was this medication prescribed to you?

(b) Who prescribed it to you?

7. In regard to each named Defendant, please describe the actions of that individual in denying your medication:

(a) Jailer Reeves

(b) Jailer Monroe

(c) Sheriff Ferguson

(d) Captain Petray

8. Did you suffer any physical injury as a result of any of the allegations made in your complaint?

Answer: Yes _____ No _____.

If you answered yes, please state: (a) what injury you suffered; (b) the symptoms you experienced; (c) the severity of the symptoms; and (d) how long it took you to recover from this injury.

9. Have you sought or received medical treatment for the injuries you listed in response to

question number 8 above?

Answer: Yes _____ No _____.

If you answered yes, please state what medical treatment you received, what date you received it, and who you received the treatment from.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COVERED BY THE VERIFICATION MADE BY ME ON MY INITIAL COMPLAINT.

GREGORY D. PHILLIPS

DATE