FULL NAME	
COMMITTED NAME (if different)	
FULL ADDRESS INCLUDING NAME OF INSTITUTION	
PRISON NUMBER (if applicable)	
UNITED STATES I CENTRAL DISTRIC	
PLAINTIFF,	CASE NUMBER CV 17-08298-R (JDE) To be supplied by the Clerk FIRST AMENDED
V.	CIVIL RIGHTS COMPLAINT PURSUANT TO (Check one)
DEFENDANT(S).	 □ 42 U.S.C. § 1983 □ Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

- 1. Have you brought any other lawsuits in a federal court while a prisoner: \Box Yes \Box No
- 2. If your answer to "1." is yes, how many?

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

a.	Parties to this previous lawsuit:
	Plaintiff

			Defendants					
		b.	Court					
c. Docket or case number								
		d.	Name of judge to whom case was assigned					
		e.	Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it					
	appealed? Is it still pending?)							
f. Issues raised:								
		g.	Approximate date of filing lawsuit:					
		h.	Approximate date of disposition					
B.	ЕХ	кна	USTION OF ADMINISTRATIVE REMEDIES					
2.								
	1.		Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? \Box Yes \Box No					
	2.	На	ve you filed a grievance concerning the facts relating to your current complaint? \Box Yes \Box No					
		Ify	f your answer is no, explain why not					
	3.	Is t	he grievance procedure completed? \Box Yes \Box No					
	If your answer is no, explain why not							
	4.	Ple	ase attach copies of papers related to the grievance procedure.					
C.	JU	RIS	DICTION					
	Th	is co	omplaint alleges that the civil rights of plaintiff					
	111	15 00	omplaint alleges that the civil rights of plaintiff					
	wh	io pr	esently resides at, (mailing address or place of confinement)					
			iolated by the actions of the defendant(s) named below, which actions were directed against plaintiff at					
			(institution/city where violation occurred)					

n (date o	of uate	(Claim	I) ,,,	(Claim II)	, (Clair	n III)
		You need not name more than one defendant or allege more than one claim. If you five (5) defendants, make a copy of this page to provide the information for additional terms of term				
Defei	ndant	(full name of first defe	e of first defendant)			resides or works at
		(full address of first de	fendant)			
		(defendant's position a	nd title, if any)			
The c	defend	ant is sued in his/he	er (Check one of	r both): 🗆 individual	□ official capacity	
Expla	ain hov	v this defendant wa	s acting under o	color of law:		
Defe	ndant	(full name of first defe	ndant)			resides or works at
		(full address of first de	fendant)			
		(defendant's position as	nd title, if any)			
The c	lefend	ant is sued in his/he	er (Check one of	r both): 🗆 individual	□ official capacity	
Expla	ain hov	w this defendant wa	s acting under o	color of law:		
Defe	ndant	(full name of first defe	ndant)			resides or works at
		(full address of first de	fendant)			
		(defendant's position as	nd title, if any)			
The c	defend	ant is sued in his/he	er (Check one of	r both): 🗆 individual	□ official capacity	
Expla	ain hov	w this defendant wa	s acting under o	color of law:		

4.	Defendant	(full name of first defendant)	resides or works at
		(full address of first defendant)	
		(defendant's position and title, if any)	
	The defend		
	Explain hov		
5.	Defendant		resides or works at
		(full name of first defendant)	
		(full address of first defendant)	
		(defendant's position and title, if any)	
	The defend	(defendant's position and title, if any) ant is sued in his/her (Check one or both):	

D. CLAIMS*

The following civil right has been violated:

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

(Date)

(Signature of Plaintiff)