

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for prisoners to sue for civil rights violations. NEATLY print in ink (or type) your answers.]

\_\_\_\_\_  
[You are the **PLAINTIFF**, print your full name on this line.]

v.

\_\_\_\_\_  
[The **DEFENDANT** is who you are suing. Put ONE name on this line. List ALL defendants below, including this one.]

Case Number 3:16-cv-851

[For a new case in this court, leave blank.  
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

## PRISONER COMPLAINT

#	Defendant's Name and Job Title	Work Address
1	[Put the defendant named in the caption in this box.]	
2	[Put the names of any other defendants in these boxes.]	
3		

[If you are suing more defendants, attach an additional page. Number each defendant. Put the name, job title, and work address of each defendant in a separate box as shown here.]

1. How many defendants are you suing? \_\_\_\_\_

2. What is the name and address of your prison or jail? \_\_\_\_\_

3. Did the event you are suing about happen there?  Yes.  No, it happened at: \_\_\_\_\_

4. On what date did this event occur? \_\_\_\_\_

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]





5. When did this event happen?

- Before I was confined.
- While I was confined awaiting trial.
- After I was convicted while confined serving the sentence.
- Other: \_\_\_\_\_

6. Have you ever sued anyone for this exact same event?

- No.
- Yes, attached is a copy of the final judgment OR an additional sheet listing the court, case number, file date, judgment date, and result of the previous case(s).

7. Could you have used a prison grievance system to complain about this event?

- No, this event did not happen in a prison or jail.
- No, this event is not grievable at the prison or jail where it occurred.
- Yes, I filed a grievance and attached is a copy of the response from the final step.
- Yes, this event was grievable, but I did not file a grievance because \_\_\_\_\_

8. If you win this case, what do you want the court to order the defendant(s) to do?

*[NOTE: A case filed on this form will not overturn your conviction or change your release date.]*

[Initial Each Statement]

\_\_\_\_\_ I will pre-pay the filing fee OR file a prisoner motion to proceed in forma pauperis.

\_\_\_\_\_ I will keep a copy of this complaint for my records.

\_\_\_\_\_ I will promptly notify the court of any change of address.

\_\_\_\_\_ I declare **under penalty of perjury** that the statements in this complaint are true.

I placed this complaint in the prison mail system on \_\_\_\_/\_\_\_\_/20\_\_\_\_ at \_\_\_\_\_ am/pm.

*[Do not fill in this date and time until you give the complaint to prison officials to send to the court.]*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Prisoner Number

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**  
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF YOUR NAME	COURT CASE NUMBER
DEFENDANT FIRST NAMED DEFENDANT	TYPE OF PROCESS

**SERVE AT** {

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

NAME OF DEFENDANT BEING SERVED

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

ADDRESS OF DEFENDANT BEING SERVED

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  YOUR NAME AND ADDRESS	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

ANY SPECIAL INSTRUCTIONS FOR THE MARSHAL

Signature of Attorney other Originator requesting service on behalf of:  <div style="font-size: 2em; font-family: cursive;">sign form here</div>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER  <div style="font-size: 2em; font-family: cursive;">phone #</div>	DATE
--	--	--	------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
--	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address ( <i>complete only different than shown above</i> )	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)  <div style="text-align: right; font-weight: bold; font-size: 1.2em;">\$0.00</div>
-------------	---	----------------	---------------	------------------	--

REMARKS:

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PLAINTIFF	COURT CASE NUMBER <b>3:16-cv-851</b>
DEFENDANT	TYPE OF PROCESS

**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
---	--	------------------	------

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	_____	No. _____	No. _____	_____	_____

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served ( <i>if not shown above</i> )	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address ( <i>complete only different than shown above</i> )	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

- DISTRIBUTE TO:**
1. CLERK OF THE COURT
  2. USMS RECORD
  3. NOTICE OF SERVICE
  4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: \_\_\_\_\_ .

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_ 0.00 \_\_\_\_\_ .

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify):* \_\_\_\_\_  
\_\_\_\_\_.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc: