IN THE UNITED STATES DISTRICT COURT

FOR THE DISTRICT OF MONTANA

MISSOULA DIVISION

ERRICHE ANTON VON GREENBRIER,	CV 12-53-M-DLC-JCL
Plaintiff,	
vs.	AMENDED COMPLAINT
_____	
_____	
_____,	
Defendants.	

<u>INSTRUCTIONS</u>

1. Use this form to file an amended civil complaint with the United States District Court for the District of Montana. You may attach additional pages where necessary.

2. Your amended complaint must include only counts/causes of action and facts – not legal arguments or citations.

3. Your amended complaint must be typed or legibly handwritten. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). Your signature need not be notarized but it must be an original and not a copy. You must pay the Clerk for copies of your amended complaint or other court records, even if you are proceeding in forma pauperis.

Amended Complaint

Plaintiff's Last Name   Von Greenbrier

4. Complaints submitted by persons proceeding in forma pauperis and complaints submitted by prisoners suing a governmental entity or employee are reviewed by the Court before the defendants are required to answer. *See* 28 U.S.C. §§ 1915(e)(2), 1915A(a); 42 U.S.C. § 1997e(c). After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention.

5. When you have completed your amended complaint, mail the *original* – copies are not required – to the Clerk of U.S. District Court, P.O. Box 8537, Missoula, MT 59807-8537.

AMENDED COMPLAINT

I. PLACE OF CONFINEMENT

A. Are you incarcerated?   Yes ☐   No ☐   (if No, go to Part II)

B. If yes, where are you currently incarcerated?

_____

C. If any of the incidents giving rise to your complaint occurred in a different facility, list that facility:

_____

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

A. Non-Prisoners

   1. Does any cause of action alleged in this complaint require you to exhaust administrative remedies before filing in court?

   Yes ☐   No ☐   Don't Know ☐

   2. If yes, have you exhausted your administrative remedies?

   Yes ☐   No ☐

B. Prisoners (If you listed other institutions in I.C above, please answer for each institution).

    1. Is there a grievance procedure in your current institution? Yes ☐   No ☐

    2. Did you fully exhaust the administrative grievance process within the jail or prison where the incidents at issue occurred?   Yes ☐   No ☐

    3. If you did not fully exhaust the grievance process, explain why:

_____

_____

III. PARTIES TO CURRENT LAWSUIT

A. Plaintiff _____ is a citizen of _____ ,
                                                  (State)
presently residing at_____.
                        (Mailing address or place of confinement)

B. Defendant _____ is a citizen of _____ ,
                                                (State)
employed as _____ at_____.
        (Position and Title, if any)   (Institution/Organization)

Defendant _____ is a citizen of _____ ,
                                                (State)
employed as _____ at_____.
        (Position and Title, if any)   (Institution/Organization)

Defendant _____ is a citizen of _____ ,
                                                (State)
employed as _____ at_____.
        (Position and Title, if any)   (Institution/Organization)

(**NOTE**: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX A: PARTIES").

IV. STATEMENT OF CLAIMS

A. Count I (State your cause of action, e.g., how have your constitutional rights been violated):

_____

_____

Date of incident(s): _____

   1. Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. State the facts clearly in your own words without citing legal arguments, cases, or statutes).

_____

_____

_____

_____

_____

_____

   2. Defendants Involved: (List the name of each defendant involved in this claim and specifically describe what each defendant did or did not do to allegedly cause your injury).

_____

_____

_____

_____

_____

(**NOTE**: For each additional claim, use a blank sheet labeled "APPENDIX B. STATEMENT OF CLAIMS." You must set forth two paragraphs for each count, one consisting of Supporting Facts (following the directions under IV(A)(1)), and one consisting of Defendants Involved (following the directions under IV(A)(2)).

V. INJURY

Describe the injuries you suffered as a result of each individual defendant's actions. (Do no cite legal arguments, cases, or statutes).

_____

_____

_____

_____

_____

_____

_____

(**NOTE**: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX C: INJURY").

VI. REQUEST FOR RELIEF

Describe the relief you request. (Do no cite legal arguments, cases, or statutes).

_____

_____

_____

_____

_____

_____

_____

(**NOTE**: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX D: REQUEST FOR RELIEF").

VII. PLAINTIFF'S DECLARATION

A. I understand I must keep the Court informed of my current mailing address and my failure to do so may result in dismissal of this Complaint without notice to me.

B. I understand the Federal Rules of Civil Procedure <u>prohibit</u> litigants filing civil complaints from using certain information in documents submitted to the Court. In order to comply with these rules, I understand that:

- social security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g. xxx-xx-5271, xx-xxx5271, xxxxxxx3567);
- birth dates must include the year of birth only (e.g. xx/xx/2001); and
- names of persons under the age of 18 must include initials only (e.g. L.K.).

If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court.

<u>I understand I am responsible for protecting the privacy of this information.</u>

C. I declare under penalty of perjury that I am the plaintiff in this action, I have read this complaint, and the information I set forth herein is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

D. (Prisoners Only) This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on

_____, 20_____.

Executed at _____on _____, 20_____.
           (Location)   (Date)

_____
      Signature of Plaintiff

Amended Complaint

Plaintiff's Last Name   Von Greenbrier