# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(In the space above enter the full name(s) of the plaintiff(s).)	AMENDED COMPLAINT		
-against-	under the Civil Rights Act, 42 U.S.C. § 1983		
	Jury Trial: □ Yes □ No (check one)		
	Civ ( )		

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's	Name
	ID#
	Current Institution
	Address

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1	Name	Shield #
	Where Currently Employed	
	Address	

	Defendant No. 2	Name	Shield #
		Where Currently Employed	
		Address	
	Defendant No. 3	Name	Shield #
		Where Currently Employed	
		Address	
***	1		
Who did what?	Defendant No. 4	Name	Shield #
		Where Currently Employed	
		Address	
	Defendant No. 5	Name	Shield #
		Where Currently Employed	
		Address	

#### II. Statement of Claim:

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

D. Facts:\_\_\_\_\_

What happened to you? Was anyone else involved?

Who else saw what happened?

## III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_\_ No \_\_\_\_

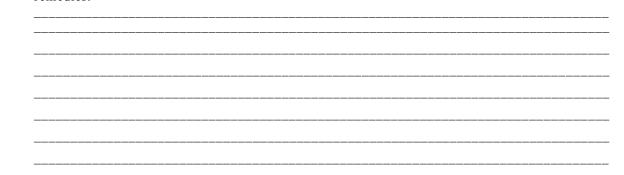
If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

ere your claim(s
ere your claim(s)
ur claim(s) arose?
at any other jail,
e did you file the
fforts to appeal to
-

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.



<u>Note</u>: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

## V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

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#### VI. Previous lawsuits:

action?

A.

On these claims

Yes \_\_\_\_ No \_\_\_\_

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this

1. Parties to the previous lawsuit:

Plaintiff Defendants

2. Court (if federal court, name the district; if state court, name the county)

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4. Name of Judge assigned to your case\_\_\_\_\_

- 5. Approximate date of filing lawsuit
  - 6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On other claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment? Yes \_\_\_\_ No \_\_\_\_
- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)
  - 1. Parties to the previous lawsuit:

Plaintiff		
Defendants		

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3.	Docket or Index number
4.	Name of Judge assigned to your case
5.	Approximate date of filing lawsuit

6.	Is the case still pending? Yes No		
	If NO, give the approximate date of disposition		
7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)		
T. J J			
I declare under penalty of perjury that the foregoing is true and correct.			

Signed this day	of, 20	
	Signature of Plaintiff	
	Inmate Number	
	Institution Address	

<u>Note</u>: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: