Revision Date: 12/12/2016

INSTRUCTIONS FOR PRISONERS SEEKING TO FILE A CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

You must comply with the following instructions before the Clerk will file your Complaint

Local Rule CR 103, Local Rules for the Western District of Washington, requires you to submit your Complaint on the form furnished by the Court (a § 1983 form is attached). The clerk will upload the complaint to the docket and make copies of it for service upon the defendant(s). Plaintiff should keep a copy of the complaint for his or her own records; the clerk will not routinely return a copy of the complaint to plaintiff.

You must submit either the full \$400.00 filing fee or a completed *in forma pauperis* application, including a certified copy of your prisoner account. Carefully read the information sheet for prisoners seeking leave to proceed *in forma pauperis* (without prepayment of the entire filing fee).

You may bring your Complaint to the United States District Court for the Western District of Washington only if one or more of the named defendants is located within this district, or if your claim arose from this district. If you have more than one claim, you must file a separate complaint for each claim unless they are related to the same incident or issue.

Your Complaint must be legibly handwritten or typed. <u>NOTE: DO NOT WRITE ON THE</u> <u>BACK OF ANY OF THE PAGES OF THE COMPLAINT</u>; any writing on the back of any page might not be considered by the Court. You must <u>sign</u> the Complaint and declare under penalty of perjury that the facts stated in the Complaint are correct. If you need additional space to answer a question, you should attach an additional page.

You are required to state <u>facts</u> in support of each claim. The Complaint should refer to the provision of the federal constitution or federal law on which you are relying. THE COMPLAINT SHOULD <u>NOT</u> CONTAIN LEGAL ARGUMENTS OR CITATIONS.

You must keep the Clerk of the Court informed of any change of address. If you fail to do so, the Clerk cannot be responsible for your failure to receive Court Orders. This also could result in the dismissal of your suit.

If your claim arose in King, Snohomish, Skagit,	If your claim arose in any other county in the		
Whatcom or Island Counties, mail your completed	Western District of Washington, mail your		
forms, the originals and all copies to:	completed forms, the originals and all copies to:		
Clerk, U.S. District Court	Clerk, U.S. District Court		
700 Stewart Street, Suite 2310	1717 Pacific Ave, Room 3100		
Seattle WA 98101-1271	Tacoma WA 98402		

NOTE: If you are housed at a Department of Corrections facility subject to the Prisoner Electronic Filing Initiative pursuant to General Orders 02-15 and 06-16, you may fulfill this mailing requirement by submitting your documents to the appropriate person at your facility who will transmit your documents electronically to the U.S. District Court. Your facility will receive any documents filed in your case electronically on your behalf.

UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF WASHINGTON

(Name of Plaintiff)

C17-5360RJB/DWC

AMENDED CIVIL RIGHTS COMPLAINT BY A PRISONER UNDER 42 U.S.C. § 1983

(Names of Defendant(s))

I. Previous Lawsuits:

VS.

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner?:

 \Box Yes \Box No

B. If your answer to A is yes, how many?:______. Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff:_____

Defendants:

2. Court (give name of District):

3. Docket Number: _____

	4. Name of judge to whom case was assigned:				
	5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim Was it appealed? Is it still pending?):				
	6. Approximate date of filing lawsuit:				
	7. Approximate date of disposition:				
II. Pla	ce of Present Confinement:				
	A. Is there a prisoner grievance procedure available at this institution	? 🗆 Yes	🗆 No		
	B. Have you filed any grievances concerning the <i>facts</i> relating to this	complaint? □ Yes	🗆 No		
	If your answer is NO, explain why not:				
	C. Is the grievance process completed?	□ Yes	□ No		
	If your answer is YES, ATTACH A COPY OF THE <u>FIN</u> RESOLUTION for any grievance concerning facts relatin				
III. Pa	urties to this Complaint				
	A. Name of Plaintiff: Inma	Inmate No.:			
	Address:				
	(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)				
	B. Defendant: Official Po	Official Position:			
	Place of employment:				
	C. Additional defendants				

IV. Statement of Claim

(State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant is involved, including dates, places, and other persons involved. <u>Do not give any legal arguments or cite any</u> <u>cases or statutes</u>. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)



V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____ 20 ____.

(Signature of Plaintiff)