



## UNITED STATES DISTRICT COURT WESTERN DISTRICT OF ARKANSAS

### INSTRUCTIONS FOR FILING A PRISONER CIVIL RIGHTS COMPLAINT

This packet includes two attachments:

- A blank complaint form for you to complete and file with the Court; and
- A blank motion for you to request to proceed without prepayment of the filing fee (in forma pauperis (IFP)). Proceeding IFP allows you to pay the filing fee in installments from your inmate trust account.

#### (A). Before you fill out the complaint form consider these things:

- **Have you exhausted your administrative remedies?** The Prison Litigation Reform Act (PLRA) requires you to first exhaust your administrative grievances before you file a claim about conditions of confinement or an incident that occurred at a correctional facility. **Exhaustion of your administrative remedies means you must follow the facility's grievance procedure.** For example, if the facility has a three-step grievance procedure, you must go through all three-steps. If you do not, the defendants will request the Court to dismiss the complaint on the grounds you failed to follow the grievance procedure.
- **How do you want to pay the filing fee?** When you file a lawsuit, you must either (1) pay the full amount of the filing fee \$405 (the \$350 filing fee plus a \$55 administrative fee); or (2) file a motion to proceed IFP. However, even if you are granted IFP status, the law requires the Court to collect the \$350 filing fee over a period of time in installments from your inmate account. The \$55 administrative fee is waived for prisoners proceeding IFP. The Court cannot waive the \$ 350 filing fee.
- **Do you have any strikes?** The PLRA also limits the number of lawsuits you may file without prepaying the filing fee—that is, by proceeding IFP. Each case the Court dismisses because it is frivolous, malicious, or fails to state a claim will count as a “strike.” If you have three “strikes,” you will no longer be allowed to file a case without prepaying the filing fee unless you are in **imminent danger of serious physical injury**.
- **Do you owe restitution?** If your case is allowed to proceed and you are awarded compensatory damages, the amount of the award will be used first to pay any outstanding restitution orders against you. The remainder of the award will be paid to you.
- **Are you seeking release from custody or challenging your conviction?** Do not use this form if you are challenging the length of your sentence or the validity of your conviction. You must do this by filing a habeas corpus action. 28 U.S.C. § 2254 (for persons in state custody); 28 U.S.C. § 2255 (for persons in federal custody). You may request these forms from the Court clerk.

#### (B). When filling out the IFP motion:

- You must answer every question—even if your answer is none or not applicable (N/A).

- You must have the certificate regarding your inmate trust account completed by facility personnel.
- Do not include social security numbers, the names of minors (use only initials), dates of birth, driver's license numbers, or financial account numbers.

**(C). When filling out the complaint form:**

- Your writing must be clear and legible so the Court and the parties can read what you write.
- Write only on the lines of the complaint form. If you need more room, you may attach one additional page per claim. Make sure you clearly number and/or label any additional pages so the Court knows where the pages go in the complaint. Do not write on the back of pages or in the margins.
- Do not attach grievances, exhibits, affidavits, witness statements, etc., to the complaint form. The documents will not be filed and will be returned to you. The complaint is where you state the facts of your claims not where you make legal arguments or prove your claims. You will be able to submit evidence later on if your case moves forward.
- You must submit a separate complaint for each claim unless all your claims are related to the same incident or issue.
- Do not include social security numbers, the names of minors (use only initials), dates of birth, driver's license numbers, or financial account numbers.

**(D). The parts of the complaint form:**

**The caption:** You are the plaintiff. In the space for the defendants list the name of each defendant. Leave the case number blank. A case number will be assigned after your complaint is filed. On all documents you file after the complaint, put the case number on each document.

**Section I:** Complete your information. If incarcerated, you must use the facility's address.

**Section II:** Check every box that correctly states why you are in custody.

**Section III:** You must list each defendant. You must provide an address at which the defendant may be served. You need to provide as much of the requested information as possible or the Court will not know how to find or serve the defendants. This will delay the case. The defendants' names you list in this section must be the same as the defendants' names you list in the case caption. **Do not name the jail, or sheriff's department, or police department as a defendant.**

**Section IV:** This is the section in where you tell the Court about the facts of your claims. You tell the Court the facts supporting the alleged constitutional violations. Your factual allegations are extremely important. The Court needs to know what occurred, when it occurred, what each defendant did or did not do that violated of your constitutional rights, and how you were injured.

You will be asked if you are bringing your claim against the defendant(s) in his/her/their individual capacity or official capacity. An individual capacity claim requires you to show that the named defendant violated your constitutional rights. An official capacity claim requires you to show the defendant was acting pursuant to a custom, policy, or widespread practice of the governmental entity—the city or county—who

employs that defendant. If you are asserting an official capacity claim, you are asked to describe the custom, policy, or widespread practice.

You are given space to assert three claims. You are not required to bring three claims. You are not limited to three claims. If you have more claims, you may attach one additional page per claim. Number the additional pages carefully so the Court can identify which page goes to what claim. Provide the requested information as to each additional claim.

**Section V:** You tell the Court what relief you are seeking.

**Section VI:** You must list any other lawsuit you have brought in state or federal Court while a prisoner. You must state what type of claim you brought, how the case ended, and whether you have accumulated any “strikes.”

**Section VII.** You must sign your name, list the date, and provide your address. Anytime you change your address you are required to immediately inform the Court of your new address. If you do not do this, your case may be dismissed.

**(E). When the forms are completed, mail them to:**

Pro Se Law Clerk Office  
35 East Mountain Street, Suite 510  
Fayetteville, AR 72701

# UNITED STATES DISTRICT COURT

for the

\_\_\_\_\_ District of \_\_\_\_\_

_____	)	
<i>Plaintiff/Petitioner</i>	)	
v.	)	Civil Action No.
_____	)	
<i>Defendant/Respondent</i>	)	

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_.  
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$\_\_\_\_\_, and my take-home pay or wages are: \$\_\_\_\_\_ per  
(specify pay period) \_\_\_\_\_.

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

(a) Business, profession, or other self-employment	<input type="radio"/> Yes	<input type="radio"/> No
(b) Rent payments, interest, or dividends	<input type="radio"/> Yes	<input type="radio"/> No
(c) Pension, annuity, or life insurance payments	<input type="radio"/> Yes	<input type="radio"/> No
(d) Disability, or worker's compensation payments	<input type="radio"/> Yes	<input type="radio"/> No
(e) Gifts, or inheritances	<input type="radio"/> Yes	<input type="radio"/> No
(f) Any other sources	<input type="radio"/> Yes	<input type="radio"/> No

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

4. Amount of money that I have in cash or in a checking or savings account: \_\_\_\_\_.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

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

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Printed name*

## **CERTIFICATE OF INMATE ACCOUNT AND ASSETS**

(To be Completed by the Institution of Incarceration)

I certify that the applicant, \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ in his/her prisoner account at the institution where he/she is confined. I further certify that the applicant likewise has the following securities to his/her credit according to the records of this institution: \_\_\_\_\_.

I further certify that in the applicant's prisoner account: (a) The average monthly deposit was \$ \_\_\_\_\_; and (b) The average balance for the last six months was \$ \_\_\_\_\_. Based on the above prisoner account information, I calculate that 20 percent of the greater of (a) or (b) above is \$ \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Authorized Officer of Institution  
\_\_\_\_\_

In the United States District Court  
Western District Of Arkansas  
\_\_\_\_\_ Division

\_\_\_\_\_  
\_\_\_\_\_  
*(In the space above enter your full name and Prison ID  
Number, if any. **Do not include your Social Security Number**).*

-against-

**Case**  
**No.** \_\_\_\_\_  
(To be filled out by Clerk's  
Office only)

**COMPLAINT**  
*(Pro Se Prisoner)*

Jury Demand?

☐ Yes

☐ No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(In the space above enter the full name of each Defendant)*

**NOTICE**

**Do not attach exhibits, affidavits, grievances, witness statements, or any other materials to your Complaint. Any materials other than the Complaint will be returned to you unfiled by the Clerk's Office.**

**I. PLAINTIFF INFORMATION**

\_\_\_\_\_  
Name (First, Middle, Last)

\_\_\_\_\_  
Aliases

\_\_\_\_\_  
Prisoner ID #, if any

\_\_\_\_\_  
Place of Detention or Incarceration

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Address (If detained, facility address)

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County, City

State

Zip Code

## II. PRISONER STATUS

*Check all boxes that apply to you:*

- ☐ Pretrial detainee (in custody pending new charges)
- ☐ Convicted and serving a sentence. Provide Date of Conviction \_\_\_\_\_.
- ☐ Convicted and detained pending a parole violation.
- ☐ Convicted but in custody on new charges.
- ☐ Other. Explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. DEFENDANT(S) INFORMATION

*Please list the following information for each defendant. If the correct information is not provided, it could result in the delay or prevention of service. If you need more space for additional defendants, list the additional defendants on another piece of paper, providing the same information. Do not list witnesses. The jail or detention center is a building and cannot be sued.*

Defendant 1:

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Current Job Title

\_\_\_\_\_  
Current Work Address

\_\_\_\_\_  
County, City

State

Zip Code

Defendant 2:

\_\_\_\_\_  
Name (Last, First)



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Current Job Title

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Current Work Address

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County, City

State

Zip Code

Defendant 3:

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Name (Last, First)

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Current Job Title

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Current Work Address

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County, City

State

Zip Code

Defendant 4:

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Name (Last, First)

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Current Job Title

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Current Work Address

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County, City

State

Zip Code

#### IV. STATEMENT OF CLAIMS

State ***every*** ground on which you claim that one or more of the Defendants violated your federal constitutional rights. **List each claim separately** (e.g., excessive force, denial of medical care, access to the Courts, conditions of confinement, etc.). If you have more than three separate claims, you may attach additional sheets of paper, providing the same information for each claim. **You may attach no more than one additional sheet for each claim.**

##### Claim Number 1:

Place(s) of  
occurrence:

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Date(s) of occurrence:

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Name of Each Defendant Involved:

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State which of your federal constitutional rights (e.g., excessive force, denial of medical care, conditions of confinement, etc.) or federal statutory rights have been violated:

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State here briefly the **FACTS** that support your case. Describe how **EACH DEFENDANT** was **personally involved** in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.

FACTS:

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What happened to you?
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Who did  
what?

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How were  
you  
injured?

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With regard to claim 1, are you suing Defendant(s) in his/her/their:

- ☐ Official capacity only (An official capacity claim is the same as suing the governmental entity the Defendant(s) work(s) for and **requires** proof that a custom, policy, or widespread practice of the governmental entity caused the violation).
- ☐ Individual capacity only (An individual capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- ☐ Both Official and Individual capacity

**If you are asserting an official capacity claim,** please describe the custom, policy, or widespread practice that you believe caused the violation of your constitutional rights.

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**Claim Number 2:**

Place(s) of  
occurrence:

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Date(s) of occurrence: \_\_\_\_\_

Name of Each Defendant Involved:

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*State which of your federal constitutional rights (e.g., excessive force, denial of medical care, conditions of confinement, etc.) or federal statutory rights have been violated:*

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*State here briefly the **FACTS** that support your case. Describe how **EACH DEFENDANT** was **personally involved** in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.*

FACTS:

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What  
happened  
to you?

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Who  
did  
what?

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How were  
you  
injured?

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With regard to claim 2, are you suing Defendant(s) in his/her/their:

- ☐ Official capacity only (An official capacity claim is the same as suing the governmental entity the Defendant(s) work(s) for and **requires** proof that a custom, policy, or widespread practice of the governmental entity caused the alleged violation).
- ☐ Individual capacity only (An individual capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- ☐ Both Official and Individual capacity

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***If you are asserting an official capacity claim,** please describe the custom, policy, or widespread that you believe caused the violation of your constitutional rights.*

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**Claim Number 3:**

Place(s) of  
occurrence:

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Date(s) of occurrence:

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Name of Each Defendant Involved:

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*State which of your federal constitutional rights (e.g., excessive force, denial of medical care, conditions of confinement, etc.) or federal statutory rights have been violated:*

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State here briefly the **FACTS** that support your case. Describe how **EACH DEFENDANT** was **personally involved** in the alleged wrongful actions, state whether you were physically injured as a result of those actions, and if so, state your injury and what medical attention was provided to you.

FACTS:

What  
happened  
to you?

Who  
did  
what?

How were  
you  
injured?

With regard to claim 3, are you suing Defendant(s) in his/her/their:

- ☐ Official capacity only (An official capacity claim is the same as suing the governmental entity the Defendant(s) work(s) for and **requires** proof that a custom, policy, or widespread practice of the governmental entity caused the alleged violation).
- ☐ Individual capacity only (An individual capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- ☐ Both Official and Individual capacity

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**If you are asserting an official capacity claim,** please describe the custom, policy, or widespread practice that you believe caused the violation of your constitutional rights.

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## V. RELIEF

- ☐ Compensatory damages (money damages designed to compensate for injuries, such as physical pain and suffering, etc., that are caused by the deprivation of constitutional rights).
- ☐ Punitive damages (designed to punish a defendant for engaging in misconduct and to deter a Defendant and others from engaging in such misconduct in the future).
- ☐ Other relief (describe below).

[illegible]

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## VI. PRISONER'S LITIGATION HISTORY

Have you brought any other lawsuits in state or federal Court while a prisoner? ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

Have you brought any other lawsuits in state or federal Court **dealing with the same facts as this case?** ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

Number each different lawsuit below and include the following:

- Name of case (including defendants' names), Court, and docket number
- Nature of claim made
- How did it end? (For example, if it was dismissed, appealed, or is still pending, explain below.)
- The "three strikes rule" bars a prisoner from bringing a civil action or an appeal without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility brought an action or appeal . . . that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g). **To the best of your knowledge, indicate if any of your cases were dismissed because they were frivolous, malicious, or failed to state a claim upon which relief could be granted, had a strike assessed, or were dismissed because of the "three strikes rule."**

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## VII. PLAINTIFF'S DECLARATION AND SIGNATURE

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office shall result in the dismissal of my case.

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

*Plaintiff must sign and date the complaint and provide prison identification number and prison address.*

Dated

Plaintiff's Signature

Printed Name (First, MI, Last)

Prison Identification #, if any.

Prison Address

City

State

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Zip Code