

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF ARKANSAS
DIVISION**

(Enter above the full name of the Plaintiff
in this action.)

Prisoner ID No. _____
(Do Not Put Your Social Security Number)

V. CASE NO. _____

(Enter above the full name of the Defendant,
or Defendants, in this action.)

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No _____

B. If your answer to A is yes, describe each lawsuit in the space below including the exact Plaintiff name or alias used. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this lawsuit

Plaintiffs: _____

Defendants: _____

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

3. Docket number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed?

Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

(Revised12/2016)

II. Place of Present Confinement: _____

III. There is a written prisoner grievance procedure in the Arkansas Department of Correction and in your county jail. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state or county written prisoner grievance procedure?

Yes _____ No _____

B. If your answer is YES, Attach copies of the most recent written grievance(s)/response(s) relating to your claims showing completion of the grievance procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT. If copies are not available, list the number assigned to the grievance(s) and the approximate date it was presented.

C. If your answer is NO, explain why not: _____

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank.)

A. Your Full Name: _____

Address: _____

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Do Not List Witnesses.

You may not name the jail as a Defendant. The jail is a building and cannot be sued.

B. Read carefully and fill out all information sought.

1. Defendant #1.

Full Name: _____

Position: _____

Place of Employment: _____

Address: _____

2. Defendant #2.

Full Name: _____

Position: _____

Place of Employment: _____

Address: _____

3. Defendant #3.

Full Name: _____

Position: _____

Place of Employment: _____

Address: _____

4. Defendant #4.

Full Name: _____

Position: _____

Place of Employment: _____

Address: _____

If you need more space for additional Defendants, list the additional Defendants on another piece of paper, using the same outline.

V. At the time of the alleged incident(s), were you:
(check the appropriate blank)

_____ in jail and still awaiting trial on pending criminal charges
_____ serving a sentence as a result of a judgment of conviction
_____ in jail for other reasons (e.g., alleged probation violation, etc.)

Explain: _____

Please provide the date of your conviction or probation or parole revocation:

VI. Statement of Claim

State every ground on which you claim that one or more of the Defendants violated your federal constitutional rights. For example, if you have an excessive force claim and a denial of medical care claim, you must fill out a separate section for each different claim. This section should be limited to the facts of your claim.

With respect to each claim, briefly describe the actions taken by each Defendant who you believe was involved in violating your rights. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. (Use as much space as you need. Attach extra sheets if necessary.)

Claim Number # 1:

Type of Claim (for example, excessive force, denial of medical care, etc.):

Date of the Occurrence: _____

Name of Each Defendant involved: _____

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #1 and any harm caused by it.

With regard to Claim #1, are you suing Defendant(s) in his or her: (check the appropriate blank)

_____ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).

_____ personal capacity only (A personal 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 personal capacity

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

Claim Number # 2:

Type of Claim (for example, excessive force, denial of medical care, etc.):

Date of the Occurrence: _____

Name of Each Defendant involved: _____

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #2 and any harm caused by it.

With regard to Claim #2, are you suing Defendant(s) in his or her: (check the appropriate blank)

_____ **official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).**

_____ **personal capacity only (A personal 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 personal capacity**

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

Claim Number # 3:

Type of Claim (for example, excessive force, denial of medical care, etc.):

Date of the Occurrence: _____

Name of Each Defendant involved: _____

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #3 and any harm caused by it.

With regard to Claim #3, are you suing Defendant(s) in his or her: (check the appropriate blank)

_____ **official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).**

_____ **personal capacity only (A personal 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 personal capacity**

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

If you need more space for more claims, list the additional claims on another piece of paper, using the same outline.

VII. Relief

If you are seeking to recover damages from the named Defendants, check the appropriate blank or blanks below for the type or types of damages that you are seeking:

_____ **Compensatory damages (designed to compensate persons 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 deter a defendant and others from engaging in such misconduct in the future)**

State briefly below any other relief you are seeking in this action. Make no legal arguments. Cite no cases or statutes.

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

Executed this _____ day of _____ 20_____.

Printed Name of Plaintiff

Signature of Plaintiff