| FULL NAME | |
|--|---------------------------------------|
| COMMITTED NAME (if different) | |
| FULL ADDRESS INCLUDING NAME OF INSTITUTION | |
| PRISON NUMBER (if applicable) | |
| | S DISTRICT COURT ICT OF CALIFORNIA |
| | CASE NUMBER |
| DI AINTIE | To be supplied by the Clerk |
| PLAINTIF | To be supplied by the |

| CIVIL RIGHTS COMPLAINT | |
|------------------------|--|

PURSUANT TO (Check one)

DEFENDANT(S).

A. PREVIOUS LAWSUITS

- 1. Have you brought any other lawsuits in a federal court while a prisoner: \Box Yes \Box No
- 2. If your answer to "1." is yes, how many?

v.

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

I

| a. | Parties to this previous lawsuit: | |
|----|-----------------------------------|--|
| | Plaintiff | |

| | | | Defendants | |
|----|---|----------|--|--|
| | | b. | Court | |
| | | | | |
| | | c. | Docket or case number | |
| | | d. | Name of judge to whom case was assigned | |
| | | e. | Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it | |
| | | | appealed? Is it still pending?) | |
| | | f. | Issues raised: | |
| | | g. | Approximate date of filing lawsuit: | |
| | | g. h. | Approximate date of disposition | |
| | | 11. | | |
| B. | EX | кна | USTION OF ADMINISTRATIVE REMEDIES | |
| | 1. | | here a grievance procedure available at the institution where the events relating to your current complaint curred? \Box Yes \Box No | |
| | 2. Have you filed a grievance concerning the facts relating to your current complaint? \Box Yes \Box No | | | |
| | | Ify | vour answer is no, explain why not | |
| | | | | |
| | 3. | Is t | he grievance procedure completed? \Box Yes \Box No | |
| | | Ify | your answer is no, explain why not | |
| | 4. | Ple | ase attach copies of papers related to the grievance procedure. | |
| C | T | DIC | | |
| C. | | | DICTION | |
| | Th | is co | omplaint alleges that the civil rights of plaintiff | |
| | wh | io pr | esently resides at, (mailing address or place of confinement) | |
| | | | | |
| | we | re v | iolated by the actions of the defendant(s) named below, which actions were directed against plaintiff at | |
| | | | (institution/city where violation occurred) | |

| | late or da | , | (Claim I) | (Claim II) | (Clain | n III) |
|----|------------|-----------------|----------------------------------|--|---------------------|---------------------|
| TO | | | | defendant or allege more f this page to provide the | | |
| Ι | Defendar | nt (full nam | e of first defendant) | | | resides or works at |
| | | (full addr | ess of first defendant) | | | |
| | | (defendar | nt's position and title, if any) | | | |
|] | The defe | ndant is su | ed in his/her (Check on | e or both): □ individual | □ official capacity | |
| H | Explain h | now this de | fendant was acting und | er color of law: | | |
| Ī | Defendar | nt (full nam | e of first defendant) | | | resides or works at |
| | | (full addr | ess of first defendant) | | | |
| | | (defendar | nt's position and title, if any) | | | |
|] | The defe | ndant is su | ed in his/her (Check on | e or both): individual | □ official capacity | |
| F | Explain h | now this de | fendant was acting und | er color of law: | | |
| Ī | Defendar | | e of first defendant) | | | resides or works at |
| | | (full addr | ess of first defendant) | | | |
| | | (defendar | nt's position and title, if any) | | | |
|] | The defe | ndant is su | ed in his/her (Check on | e or both): 🗆 individual | □ official capacity | |
| I | Explain h | now this de | fendant was acting und | er color of law: | | |

| 4. | Defendant | (full name of first defendant) | resides or works at |
|----|-------------|--|---------------------|
| | | (full address of first defendant) | |
| | | (defendant's position and title, if any) | |
| | The defend | ant is sued in his/her (Check one or both): \Box individual \Box official capacity | |
| | Explain hov | w this defendant was acting under color of law: | |
| | | | |
| 5. | Defendant | | resides or works at |
| | | (full name of first defendant) | |
| | | (full address of first defendant) | |
| | | (defendant's position and title, if any) | |
| | The defend | ant is sued in his/her (Check one or both): \Box individual \Box official capacity | |
| | Explain hov | w this defendant was acting under color of law: | |

D. CLAIMS*

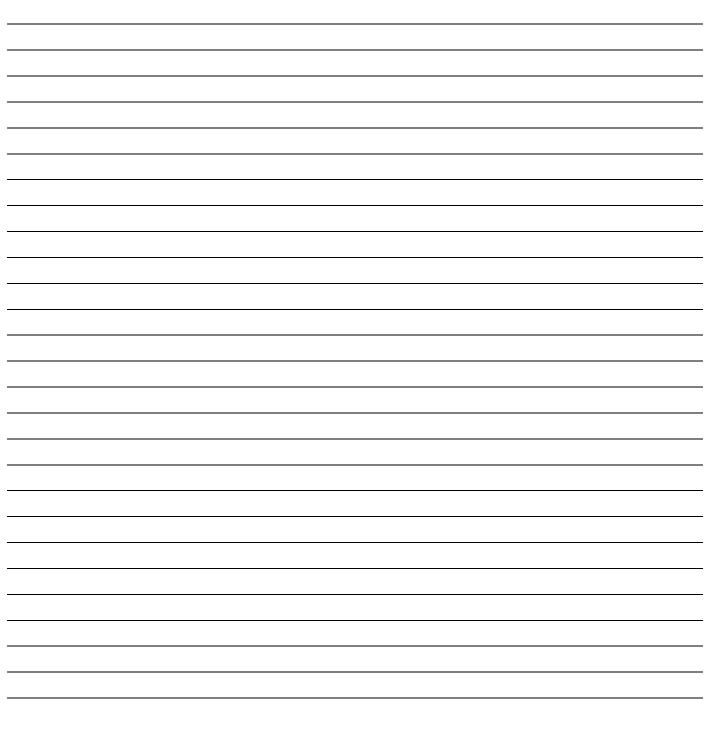
The following civil right has been violated:

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:



(Date)

(Signature of Plaintiff)