INSTRUCTIONS FOR FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT 42 U.S.C., SECTION 1983

This packet includes two forms:
(1) Complaint Under The Civil Rights Act, 42 U.S.C.§ 1983
(2) Application to Proceed Without Prepayment of Fees or Costs

To start an action you must file:

- an original, signed complaint,
- one copy of the complaint for *each* defendant named in the complaint. For example, if you name two defendants, you file the original complaint plus two copies. You should also keep a copy for your records. All copies of the complaint must be identical to the original, signed complaint.
- filing fee of $402.00 or an Application to Proceed Without Prepayment of Fees/Cost

Return the above forms and/or filing fee to the following address:

Clerk's Office
United States District Court
Southern District of Florida
400 North Miami Avenue, 8N09
Miami, FL 33128-7716

Your complaint must be legibly typewritten or clearly handwritten using a pen (do not use a pencil to complete these forms). As the plaintiff, you must sign and swear to the accuracy of the information in the complaint. If you need more space than is provided on the form, attach an additional blank page to the complaint.

Your complaint can be brought in this Court only if one or more of the named defendants is located within the Southern District of Florida. Also, you must file a separate complaint for each claim you have unless the claims are related to the same incident or issue.

In your complaint, you must provide the facts; you should not include legal arguments or citations.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Civil Case Number:_____

_____
(Write the full name of the plaintiff)

vs.

_____

_____

_____

_____
(Write the full name of the defendant/s in this case)

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

I. Party Information

A. Plaintiff: _____

Address: _____

Inmate/Prison No.:_____

Year of Birth:_____**(Do not include day or month, pursuant to Fed. R. Civ. P 5.2)**

(Write your name, address and prison/inmate number, if applicable)

vs.

B. Defendant: _____ Defendant:_____

Official Position:_____ Official Position:_____

Place of Employment:_____ Place of Employment:_____

(Write the full name of each defendant, official position and place of employment. Attach a separate page if you need additional space for additional defendants.)

II. Statement of Claim

Briefly describe the facts of your case. Describe how each defendant is involved, names of other persons involved, and dates and places. Each claim should be stated in a separately numbered paragraph. Please use short and plain statements, with separately numbered paragraphs indicating why the relief requested should be granted. Do not include legal arguments or cite cases or statutes.

Attach additional pages, if necessary.

III. Relief Requested

Briefly state what you are requesting from the Court (what do you want the Court to do). Do not include legal arguments or cite cases or statutes. Attach additional pages, if necessary.

IV. Jury Demand

Are you demanding a jury trial? ____ Yes ____ No

Signed this _____ day of _____, 20____

_____

Signature of Plaintiff

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

Executed on:_____

_____

Signature of Plaintiff

UNITED STATES DISTRICT COURT

for the

_____ *Plaintiff/Petitioner*	)	
v.	)	Civil Action No.
_____ *Defendant/Respondent*	)	

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	❒ Yes	❒ No
(b) Rent payments, interest, or dividends	❒ Yes	❒ No
(c) Pension, annuity, or life insurance payments	❒ Yes	❒ No
(d) Disability, or worker's compensation payments	❒ Yes	❒ No
(e) Gifts, or inheritances	❒ Yes	❒ No
(f) Any other sources	❒ Yes	❒ 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

Print Save As... Add Attachment Reset