

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA**

**INSTRUCTIONS FOR FILING A CIVIL RIGHTS COMPLAINT
BY PRISONERS UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**READ ALL INSTRUCTIONS CAREFULLY. FAILURE TO COMPLY WITH THE INSTRUCTIONS
OR FORMS CONTAINED HEREIN MAY RESULT IN THE DISMISSAL OF YOUR ACTION.**

- (1) This forms packet contains one Civil Rights Complaint Form and one Affidavit of Indigency form. **To initiate your civil rights action, you must file with the Clerk of Court an original Complaint and one additional copy of the Complaint for each named defendant.** For example, if you name two defendants, you must file the original and two copies of the Complaint. In addition, **each plaintiff** petitioning the Court to proceed in forma pauperis must file an original Affidavit of Indigency.
- (2) The Complaint must be typewritten or neatly printed. **IN EITHER INSTANCE, HOWEVER, IT MUST BE LEGIBLE, OR YOU WILL BE REQUIRED TO FILE A LEGIBLE AMENDED COMPLAINT.** If you are required to file a legible Amended Complaint, the Court will take no action on your case until an Amended Complaint is filed in a legible format.
- (3) **EACH PLAINTIFF MUST PERSONALLY SIGN THE COMPLAINT AND MUST DO SO UNDER PENALTY OF PERJURY AS BEING TRUE AND CORRECT.**

[SPECIAL NOTE: Any false statement of a material fact may serve as the basis for prosecution and conviction of perjury and may result in your Complaint being dismissed with prejudice.]
- (4) **ALL QUESTIONS MUST BE ANSWERED CLEARLY AND CONCISELY in the proper space provided on the attached Complaint and Affidavit of Indigency.** If for any reason the question is not applicable to your situation, enter the words “**Not Applicable**” in the appropriate space. Where more space is needed to answer a particular question, use additional paper, cross-reference it to the appropriate paragraph, and append the papers to the Complaint. **DO NOT USE THE REVERSE SIDE OF ANY PAGE.** When using additional pages, leave a margin of one inch at the top of the page.
- (5) **LEGAL ARGUMENTS, CITATIONS OF AUTHORITY, OR STATUTORY REFERENCES ARE NOT PERMITTED NOR WILL THEY BE ACCEPTED FOR FILING WITH THIS COMPLAINT.** Argument in support of your Complaint is unnecessary at the commencement of your case. You will be advised when the submission of evidence or argument in support of your claim is appropriate.
- (6) Where requested in the Complaint form, you must furnish the full and correct name, as well as the complete and correct address, of each individual named as a defendant.

- (7) Generally, complaints are prosecuted in county of residence of one or more named defendants. You should file the complaint in the division which is applicable to your case. Write the name of the division in which you will file your complaint in the blank at the top of the first page of the complaint form, and in the blank at the top of the first page of the Affidavit of Indigency.

The following counties comprise the Tampa Division: Hardee, Hernando, Hillsborough, Manatee, Pasco, Pinellas, Polk, and Sarasota. Complaints filed in the Tampa Division should be mailed to the Clerk's Office, United States District Court, Sam M. Gibbons US Courthouse, 801 N. Florida Avenue, Room 218, Tampa, Florida 33602-3800.

The following counties comprise the Ft. Myers Division: Charlotte, Collier, DeSoto, Glades, Hendry, and Lee. Complaints filed in the Ft. Myers Division should be mailed to the Clerk's Office, United States District Court, US Courthouse & Federal Building, 2110 First Street, Room 2-194, Fort Myers, Florida 33901-3083.

The following counties comprise the Orlando Division: Brevard, Orange, Osceola, Seminole, and Volusia. Complaints filed in the Orlando Division should be mailed to the Clerk's Office, United States District Court, 401 W. Central Boulevard, Suite 1200, Orlando, Florida 32801-0120.

The following counties comprise the Jacksonville Division: Baker, Bradford, Clay, Columbia, Duval, Flagler, Hamilton, Nassau, Putnam, St. Johns, Suwanne, and Union. Complaints filed in the Jacksonville Division should be mailed to the Clerk's Office, United States District Court, US Courthouse, 300 North Hogan Street, Suite 9-150, Jacksonville, Florida 32202-4271.

The following counties comprise the Ocala Division: Citrus, Lake, Marion, and Sumter. Complaints filed in the Ocala Division should be mailed to the Clerk's Office, United States District Court, Golden-Collum Memorial Federal Building and US Courthouse, 207 N.W. Second Street, Room 337, Ocala, Florida 34475-6666

- (8) **YOU MAY FILE A COMPLAINT WITH MULTIPLE CLAIMS ONLY IF THE CLAIMS ARE DIRECTLY RELATED TO THE SAME BASIC ISSUE OR INCIDENT.** Claims that are not so related should be filed as a separate complaint with a separate filing fee or application to proceed in forma pauperis.

- (9) In order to file your Complaint, **YOU MUST EITHER:**

(A) **Pay the required \$350.00 filing fee;**

-- OR --

(B) **Petition the Court to proceed in forma pauperis.** If the Complaint is being filed by more than one Plaintiff, each Plaintiff must petition the Court to proceed in forma pauperis. However, even if you seek to proceed in forma pauperis, you will be required to pay the full filing fee of \$350.00. In the event you are unable to pay the full filing fee at the time the action is filed, the Court will assess an initial partial filing fee. After the initial partial filing fee is paid, the prison at which you are incarcerated will be required to forward to the Clerk's Office monthly payments of 20 percent of the preceding month's income credited to your

inmate account until the full #350.00 filing fee is paid.

[SPECIAL NOTE: To begin the in forma pauperis process, you must first execute the attached Affidavit of Indigency, setting forth information that establishes your financial status. You are required to answer every question on the Affidavit, have it properly notarized, and ensure that an authorized official at the institution completes the Affidavit Certificate. You must also provide the Court with a certified copy of your prison account statement containing all transactions in your prisoner account for the six (6) months preceding the filing of the complaint.]

[SPECIAL NOTE: Notwithstanding the above, the party or parties seeking leave to proceed in forma pauperis may be required to pay, as a condition to allowing the case to proceed in forma pauperis, a stated portion of the Clerk's and/or Marshal's fees.]

- (10) In forma pauperis status does not entitle you to free copies of pleadings, motions, orders, or docket reports. The cost is 50 cents per page.
- (11) After completing the Complaint and Affidavit of Indigency, mail the original Complaint, and one copy of the Complaint for each named defendant, along with the original Affidavit(s) of Indigency, to the Clerk's Office using the address in number 7. All copies of the Complaint must be identical to the original. You should also retain one copy of the Complaint and all future pleadings and motions filed with the Court for your personal records.
- (12) You must immediately advise the Court of any change of address and entitle the document "Notice to the Court of Change of Address." This notice shall contain the address change and the effective date. **FAILURE TO DO SO COULD RESULT IN THE DISMISSAL OF YOUR ACTION.**
- (13) **The Complaint and the Affidavit of Indigency or the filing fee should be submitted together. Further, after receiving notice from the Clerk's Office of your case number, you must include the case number on all checks submitted for payment of filing fees and on all filings.**
- (14) Parties should not correspond with the Court in letter form. Instead, the parties should file a pleading or motion with a title that briefly summarizes the content of the pleading or motion. Any correspondence addressed directly to a District Judge or Magistrate Judge will be stricken and returned.

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA

_____ Division

CIVIL RIGHTS COMPLAINT FORM

CASE NUMBER: _____
(To be supplied by Clerk's Office)

(Enter full name of each Plaintiff and
prison number, if applicable)

v.

(Enter full name of each Defendant.
If additional space is required, use the
blank area directly to the right).

_____ /

ANSWER ALL OF THE FOLLOWING QUESTIONS:

I. **PLACE OF PRESENT CONFINEMENT:** _____
(Indicate the name and location)

II. **EXHAUSTION OF ADMINISTRATIVE REMEDIES:** Exhaustion of administrative remedies is required prior to pursuing a civil rights action regarding conditions or events in any prison, jail, or detention center. 42 U.S.C. § 1997e(a). Plaintiff is warned that any claims for which the administrative grievance process was not completed prior to filing this lawsuit may be subject to dismissal.

III. **PREVIOUS LAWSUITS:**

A. Have you initiated other lawsuits in state court dealing with the same or similar facts involved in this action or otherwise relating to your imprisonment or conditions thereof? Yes ()
No ()

B. Have you initiated other lawsuits in federal court dealing with the same or similar facts involved in this action or otherwise relating to your imprisonment or conditions thereof? Yes ()
No ()

C. If your answer to either A or B is YES, describe each lawsuit in the space provided below. If there is more than one lawsuit, describe all additional lawsuits on a separate piece of paper, using the same format as below.

1. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

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

3. Docket Number: _____

4. Name of judge: _____

5. Briefly describe the facts and basis of the lawsuit: _____

6. Disposition (Was the case dismissed? Was it appealed? Is it still pending?):

7. Approximate filing date: _____

8. Approximate disposition date: _____

D. Have you initiated lawsuits or appeals from lawsuits in federal court that have been dismissed as frivolous, malicious or for failure to state a claim upon which relief may be granted? If so,

identify these suits below by providing the case number, the style, and the disposition of each case: _____

IV. **PARTIES:** In part A of this section, indicate your full name in the first blank and your full mailing address in the second blank. Do the same for each additional Plaintiff named in the Complaint (if any) in part B of this section:

A. Name of Plaintiff: _____

Mailing address: _____

B. Additional Plaintiffs: _____

In part C of this section, indicate the **full name** of the first named Defendant. Also, fill in his or her mailing address, position, and where he or she is employed. For any additional Defendants, use parts D through G of this section for the names, addresses, positions and places of employment:

C. Defendant: _____

Mailing Address: _____

Position: _____

Employed at: _____

D. Defendant: _____

Mailing Address: _____

Position: _____

Employed at: _____

E. Defendant: _____

Mailing Address: _____

Position: _____

Employed at: _____

F. Defendant: _____

Mailing Address: _____

Position: _____

Employed at: _____

G. Defendant: _____

Mailing Address: _____

Position: _____

Employed at: _____

V. **STATEMENT OF CLAIM:** State what rights under the Constitution, laws, or treaties of the United States have been violated, and be specific. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. **Any claim that is not related to the same basic incident or issue must be addressed in a separate Civil Rights Form.**

VI. **STATEMENT OF FACTS:** State as briefly as possible the FACTS of your case. Describe how each defendant was involved. **Do not make any legal arguments or cite any cases or statutes.** State with as much specificity as possible the facts in the following manner:

1. Name and position of person(s) involved.
2. Date(s).
3. Place(s).
4. Fact(s) or event(s) giving rise to your claim, including involvement of each defendant.
5. Nature and extent of injury (i.e., physical injury or how you were harmed by the acts of the defendant[s]).

**UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA**

_____,
Affiant

v.

CASE NUMBER: _____

**(To be supplied
by Clerk's Office)**

_____,
Defendant(s)

AFFIDAVIT OF INDIGENCY

(EACH PLAINTIFF MUST COMPLETE A SEPARATE AFFIDAVIT OF INDIGENCY)

I, _____, being first duly sworn, depose and make under oath the following application and affidavit, pursuant to Title 28 U.S.C. § 1915, to proceed in forma pauperis in the United States District Court for the Middle District of Florida. I am unable to make prepayment of fees and costs or to give security therefor, and it is my belief that I am entitled to redress, and that I have not, for the purpose of avoiding payment of said cost, divested myself of any property, monies, or any items of value.

I. BRIEF STATEMENT OF THE NATURE OF THE ACTION: _____

II. RESIDENCE:

Affiant's address: _____
(Street)

(City) (State) (Zip Code)

III. MARITAL STATUS:

1. Single Married Separated Divorced
2. If married, spouse's full name: _____

IV. DEPENDENTS:

1. Number: _____
2. Relationship to dependent(s): _____
3. How much money do you contribute to your dependent's support on a monthly basis? \$_____

V. EMPLOYMENT: (Information provided below applies to your present employment or last employment.)

1. Name of employer: _____
- a. Address of employer: _____
(Street)

(City) (State) (Zip Code)
- b. State how long affiant has been (was) employed by present (or last) employer?
Years: _____ Months: _____
- c. Income: Monthly \$_____ or Weekly \$_____
- d. What is (was) affiant's job title? _____
2. If unemployed, date of last employment: _____

3. Is spouse employed? _____ If so, name of employer: _____

- a. Income: Monthly \$ _____ or Weekly \$ _____
- b. What is spouse's job title? _____

4. Are you and/or your spouse receiving welfare aid?
- If so, amount: Monthly \$ _____ or Weekly \$ _____

VI. FINANCIAL STATUS:

1. Owner of real property (excluding ordinary household furnishings and clothing):
- a. Description: _____
- b. Full address: _____
 _____ (Street)

 _____ (City) _____ (State) _____ (Zip Code)
- c. In whose name? _____
- d. Estimated value: \$ _____
- e. Total amount owed: \$ _____
- Owed to: _____ for \$ _____
 _____ for \$ _____
- f. Annual income from property: \$ _____
2. Other assets/property:
- a. Automobile: Make _____ Model _____
 In whose name registered? _____
 Present value of car: \$ _____
 Amount owed: \$ _____
 Owed to: _____
- b. Total cash in banks, savings and loan associations, prisoner accounts, financial institutions, other repositories, or anywhere else: \$ _____

c. List monies received during the last twelve (12) months into your hands, into banks, savings and loan associations, prisoner accounts, other financial institutions, or other sources as indicated below:

Business, profession, or other forms of self employment: \$ _____

Rent payments, interest, or dividends: \$ _____

Pensions, annuities, or life insurance payments: \$ _____

Gifts or inheritances: \$ _____

Stocks, bonds, or notes: \$ _____

Other sources: \$ _____

3. Obligations:
- a. Monthly rental on house or apartment: \$ _____
- b. Monthly mortgage payments on house: \$ _____
4. Other information pertinent to affiant's financial debts and obligations:

(Creditor)	(Total Debt)	(Monthly Payment)
(Creditor)	(Total Debt)	(Monthly Payment)
(Creditor)	(Total Debt)	(Monthly Payment)

Other (explain): _____

VII. FOR PRISONER AFFIANTS ONLY:

1. Date(s) of incarceration: _____
2. Estimated release or parole date: _____
3. A copy of the prisoner's account statement containing all transactions in affiant's prisoner account **for the six (6) months immediately preceding the filing of the Complaint or Petition must accompany this Affidavit.** The account statement must be obtained from an authorized official of each prison at which the prisoner is or was confined during this period of time. The account statement must be in the form of a computer printout or bank ledger card prepared by the institution or an account statement prepared by an authorized officer of the

institution. **Failure to provide this account statement may result in the dismissal of this action.**

The requirement to submit the account statement does not negate the prisoner affiant's responsibility to ensure that the **Affidavit Certificate** found on page 6 of this Affidavit of Indigency is also properly executed and filed.

VIII. ALL AFFIANTS MUST READ AND SIGN:

I UNDERSTAND that any false statement(s) of a material fact contained herein may serve as the basis of prosecution and conviction for perjury or making false statements. **FURTHER, I CERTIFY** that all questions contained herein have been answered and are true and correct to the best of my knowledge and belief.

Signature of Affiant

STATE OF FLORIDA

COUNTY OF _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____
DAY OF _____, 20_____, BY _____
(Insert Name of Person Acknowledged)

WHO IS PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED _____
_____, AS IDENTIFICATION AND WHO (DID) (DID NOT)
(State Type of Identification)

TAKE AN OATH.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

* * * * *

AFFIDAVIT CERTIFICATE
(Prisoner Accounts Only)

I HEREBY CERTIFY THAT _____, has the sum of
(Name of Affiant)

\$ _____ as of _____ on account to his credit at the
(date)

_____ institution where he is confined. I further certify that the
above-named prisoner affiant has the following securities to his credit according to the records of
this institution:

Authorized Officer of Institution