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

_____

_____

_____
(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).
_____/

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

ANSWER ALL OF THE FOLLOWING QUESTIONS:

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

_____

II. DOES YOUR COMPLAINT CONCERN EVENTS IN A STATE PRISON FACILITY WITHIN THE FLORIDA DEPARTMENT OF CORRECTIONS? Yes ( ) No ( )

[If your answer is YES, after reviewing the exhaustion requirements, answer the following questions]

EXHAUSTION OF ADMINISTRATIVE REMEDIES: Pursuant to the Prison Litigation Reform Act or 1995, Title VIII, Section 803 Amendments to Civil Rights of Institutionalized Persons Act, exhaustion of administrative remedies is required in any action brought with respect to prison conditions under 42 U.S.C. § 1983, or any other federal law, by a prisoner confined in any jail, prison, or other correctional facility. Any required grievances, appeals, and responses must be submitted to the Court to verify exhaustion. (If your Complaint concerns conditions at state prison facilities, you must answer the following questions in Section II of this form. If the Complaint concerns conditions at a county jail or local correctional facility, you must complete Section III of this form.)

EXHAUSTION STEPS ORDINARILY REQUIRED FOR COMPLAINTS ABOUT CONDITIONS AT STATE PRISON FACILITIES:

General Grievance

1. Informal Grievance (Form DC3-005)
2. Formal Grievance (Form DC1-303)
3. Appeal to the Office of Secretary (Form DC1-303)

Other Grievance

Inmates are not required to utilize the informal Grievance process in the case of an emergency grievance, a grievance of reprisal, a grievance of a sensitive nature, a grievance alleging violation of the Americans with Disabilities Act, a medical grievance, a grievance involving admissible reading material, a grievance involving gain time governed by rule 33-11.0065 Incentive Gain Time, or a grievance involving disciplinary action (does not include corrective consultations) governed by chapter 33-22. The grievance steps are set forth in Fla. Admin. Code Chapter 33-29.

Questions:

A. Emergency Grievance, Grievance of Reprisal, or Grievance of a Sensitive Nature, Grievance Alleging Violation of the American with Disabilities Act, Medical Grievance, Grievance, Grievance Involving Admissible Reading Material, Grievance Involving Gain Time Governed by Rule 33-11.0065 Incentive Gain Time, or Grievance Involving Disciplinary Action Governed by Chapter 33-22 (Request for Administrative Remedy or Appeal, bypassing the informal grievance step).

1. Did you submit an above-mentioned grievance to the Superintendent and/or to the office of Secretary (Form DC1-303)? Yes ( ) No ( )

2. If so, you must attach a copy of the grievance and response to this Complaint form.

3. Were you denied emergency status? Yes ( ) No ( )

   a. If so, did you go through the informal grievance, formal grievance and appeal process? Yes ( ) No ( )

   b. If so, you must attach copies of the grievance/appeals and responses to this Complaint form.

B. Informal Grievance (Request for Interview)

1. Did you submit an informal grievance (Form DC3-005)? Yes ( ) No ( )

2. If so, you must attach a copy of the grievance and response to this Complaint form.

C. Formal Grievance (Request for Administrative Remedy or Appeal)

1. Did you have a disciplinary hearing concerning this matter? Yes ( ) No ( )

2. If so, you must attach a copy of the disciplinary report and disciplinary committee's findings and decision to this Complaint form.

3. Did you submit a formal grievance (Form DC1-303)? Yes ( ) No ( )

4. If so, you must attach a copy of the grievance and response to this Complaint form.

D. Appeal to the Office of the Secretary (Request for Administrative Remedy or Appeal)

1. Did you submit an appeal to the Office of the Secretary (Form DC1-303)? Yes ( ) No ( )

2. If so, you must attach a copy of the appeal and response to this Complaint form.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING ANSWERS TO THE QUESTIONS IN THIS SECTION ARE TRUE AND CORRECT.

Signed this _____ day of _____, 2 _____.

_____
Signature of Plaintiff

III. DOES YOUR COMPLAINT CONCERN EVENTS IN A COUNTY JAIL OR LOCAL FACILITY? Yes ( ) No ( )

If your answer is YES, answer the following questions.

A. Is there a grievance procedure at your institution or jail? Yes ( ) No ( )

B. Did you present the facts relating to your Complaint in the grievance procedure? Yes ( ) No ( )

C. If your answer is YES:

1. What steps did you take? _____

_____

2. What were the results? _____

_____

3. To demonstrate exhaustion, you must submit copies of all relevant grievances/appeals and responses.

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

_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING ANSWERS TO THE QUESTIONS IN THIS SECTION ARE TRUE AND CORRECT.

Signed this _____ day of _____, 2 _____.

_____
Signature of Plaintiff

IV. 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 theses suits below by providing the case number, the style, and the disposition of each case:

_____

_____

_____

_____

V. 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: _____

VI. 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 daim 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.

_____

_____

_____

_____

_____

_____

VII. 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)).

_____

_____

_____

_____

_____

_____

_____

_____

_____

Statement of Facts, continued:

VIII. RELIEF REQUESTED: State briefly what you want the Court to do for you. Again, do not make any legal arguments or cite any cases or statutes.

_____

_____

_____

_____

_____

_____

_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signed this _____ day of _____, 2 _____.

_____

_____

_____

_____
(Signatures of all Plaintiffs)

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 <u>must</u> 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