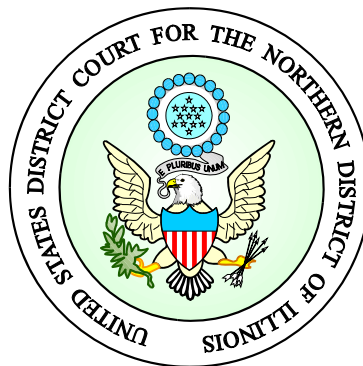


FILING A CIVIL CASE WITHOUT AN ATTORNEY: CIVIL RIGHTS FORMS & INSTRUCTIONS



**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

(07/13/16)

Personal Identifiers in Paper Filings

Federal Rules of Civil Procedure 5.2 addresses privacy and security concerns over public access to electronic court files. Under this rule, papers filed with the court should not contain anyone's full social-security number or full birth date; the name of a person known to be a minor; or a complete financial-account number. A filing may include only the last four digits of a social-security number or taxpayer identification number; the year of someone's birth; a minor's initials; and the last four digits of a financial-account number. Please review the rule for a complete listing and exceptions.

Summary of Instructions for Filing a Civil Case

Document	General Information	Number of Copies Required
Complaint	<ul style="list-style-type: none"> List all plaintiffs and defendants in the caption, the top left of the complaint. State your case in your own words, using additional pages if you need them. Your signature, address, and telephone number must appear on the last page of your complaint. Exhibits may be attached to your complaint. 	<ul style="list-style-type: none"> You must provide an original, one copy for the assigned judge, and one copy for <i>each</i> defendant named in your complaint. If you are suing the federal government or federal agency, you need to provide three extra copies.
Civil Cover Sheet (JS-44)	<ul style="list-style-type: none"> This is a form used by the Court in preparing the docket for your case. Instructions for completing this form appear on the reverse side of the form. 	<ul style="list-style-type: none"> Only the original is required.
Appearance Form for Pro Se Litigants	<ul style="list-style-type: none"> The appearance form, which must be filed, provides your name and address information. It is listed on the case docket. It also identifies where notices of orders and filings in your case are sent. If you have access to email, you should indicate on your appearance form that you wish to receive notices electronically rather than in paper form. If you do not have an attorney and will be proceeding without counsel, fill in the appearance form in accordance with the instructions found on the reverse side of the form, supplying your name and address. 	<ul style="list-style-type: none"> Only the original is required.
Filing fees	<ul style="list-style-type: none"> There is a fee for the filing of a civil case other than a writ of habeas corpus. If you are unable to afford the fee, see the information below about in forma pauperis application. See the Court's current fee schedule for filing fee information. 	
In Forma Pauperis Application	<ul style="list-style-type: none"> This petition is used by a plaintiff who requests approval by the Court for a civil case to proceed without the prepayment of the filing fee. Complete all appropriate sections of the application, sign and date. 	<ul style="list-style-type: none"> You must provide an original and one copy for the assigned judge.
Motion for Attorney Representation	<ul style="list-style-type: none"> This motion is a request that the Court appoint an attorney. Complete the motion form in accordance with the instructions attached to the form. 	<ul style="list-style-type: none"> You must provide an original and one copy for the assigned judge.
Summons	<ul style="list-style-type: none"> Complete the original and one copy for service to each defendant. Your own name and address should appear under the heading labeled "Plaintiff's Attorney." 	<ul style="list-style-type: none"> You must provide an original and one copy for <i>each</i> defendant named in your complaint. If you are suing the federal government or federal agency, you need to provide three extra copies.

USM-285

- This form is designed as a control document for process served by a U.S. Marshal.
 - Complete all appropriate sections of the form.
 - Submit a completed copy of the form for each defendant named in your complaint.
- You must provide an original for *each* defendant named in your complaint.
 - If you are suing the federal government or federal agency, you need to provide two extra copies.

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS**

)	
)	
)	
)	
Plaintiff(s),)	
)	
vs.)	Case No.
)	
)	
)	
)	
)	
Defendant(s).)	

COMPLAINT FOR VIOLATION OF CONSTITUTIONAL RIGHTS

This form complaint is designed to help you, as a pro se plaintiff, state your case in a clear manner. Please read the directions and the numbered paragraphs carefully. Some paragraphs may not apply to you. You may cross out paragraphs that do not apply to you. All references to “plaintiff” and “defendant” are stated in the singular but will apply to more than one plaintiff or defendant if that is the nature of the case.

1. This is a claim for violation of plaintiff’s civil rights as protected by the Constitution and laws of the United States under 42 U.S.C. §§ 1983, 1985, and 1986.
2. The court has jurisdiction under 28 U.S.C. §§ 1343 and 1367.
3. Plaintiff’s full name is _____.

If there are additional plaintiffs, fill in the above information as to the first-named plaintiff and complete the information for each additional plaintiff on an extra sheet.

4. Defendant, _____, is
(name, badge number if known)

☐ an officer or official employed by _____;
(department or agency of government)
_____ or

☐ an individual not employed by a governmental entity.

If there are additional defendants, fill in the above information as to the first-named defendant and complete the information for each additional defendant on an extra sheet.

5. The municipality, township or county under whose authority defendant officer or official acted is _____. As to plaintiff's federal constitutional claims, the municipality, township or county is a defendant only if custom or policy allegations are made at paragraph 7 below.

6. On or about _____, at approximately _____ ☐ a.m. ☐ p.m.
(month, day, year)
plaintiff was present in the municipality (or unincorporated area) of _____
_____, in the County of _____,
State of Illinois, at _____,
(identify location as precisely as possible)

when defendant violated plaintiff's civil rights as follows (***Place X in each box that applies***):

- ☐ arrested or seized plaintiff without probable cause to believe that plaintiff had committed, was committing or was about to commit a crime;
- ☐ searched plaintiff or his property without a warrant and without reasonable cause;
- ☐ used excessive force upon plaintiff;
- ☐ failed to intervene to protect plaintiff from violation of plaintiff's civil rights by one or more other defendants;
- ☐ failed to provide plaintiff with needed medical care;
- ☐ conspired together to violate one or more of plaintiff's civil rights;
- ☐ Other:

- _____.
7. Defendant officer or official acted pursuant to a custom or policy of defendant municipality, county or township, which custom or policy is the following: (*Leave blank if no custom or policy is alleged*): _____
- _____
- _____
- _____.
8. Plaintiff was charged with one or more crimes, specifically:
- _____
- _____
- _____
- _____
- _____
9. (*Place an X in the box that applies. If none applies, you may describe the criminal proceedings under "Other"*) The criminal proceedings
- ☐ are still pending.
- ☐ were terminated in favor of plaintiff in a manner indicating plaintiff was innocent.¹
- ☐ Plaintiff was found guilty of one or more charges because defendant deprived me of a fair trial as follows _____
- _____.
- ☐ Other: _____.

¹Examples of termination in favor of the plaintiff in a manner indicating plaintiff was innocent may include a judgment of not guilty, reversal of a conviction on direct appeal, expungement of the conviction, a voluntary dismissal (SOL) by the prosecutor, or a *nolle prosequi* order.

10. Plaintiff further alleges as follows: *(Describe what happened that you believe supports your claims. To the extent possible, be specific as to your own actions and the actions of each defendant.)*

[illegible]

11. Defendant acted knowingly, intentionally, willfully and maliciously.

12. As a result of defendant's conduct, plaintiff was injured as follows:

13. Plaintiff asks that the case be tried by a jury. ☐ Yes ☐ No

14. Plaintiff also claims violation of rights that may be protected by the laws of Illinois, such as false arrest, assault, battery, false imprisonment, malicious prosecution, conspiracy, and/or any other claim that may be supported by the allegations of this complaint.

WHEREFORE, plaintiff asks for the following relief:

- A. Damages to compensate for all bodily harm, emotional harm, pain and suffering, loss of income, loss of enjoyment of life, property damage and any other injuries inflicted by defendant;
- B. ☐ (*Place X in box if you are seeking punitive damages.*) Punitive damages against the individual defendant; and
- C. Such injunctive, declaratory, or other relief as may be appropriate, including attorney's fees and reasonable expenses as authorized by 42 U.S.C. § 1988.

Plaintiff's signature: _____

Plaintiff's name (*print clearly or type*): _____

Plaintiff's mailing address: _____

City _____ State _____ ZIP _____

Plaintiff's telephone number: () _____.

Plaintiff's email address (*if you prefer to be contacted by email*): _____

15. Plaintiff has previously filed a case in this district. ☐ Yes ☐ No

If yes, please list the cases below.

Any additional plaintiffs must sign the complaint and provide the same information as the first plaintiff. An additional signature page may be added.

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE:

IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

☐ 1 U.S. Government Plaintiff

☐ 2 U.S. Government Defendant

☐ 3 Federal Question (U.S. Government Not a Party)

☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State

Citizen of Another State

Citizen or Subject of a Foreign Country

PTF

DEF

PTF

DEF

☐ 1

☐ 1

☐ 1

☐ 1

Incorporated or Principal Place of Business In This State

☐ 4

☐ 4

☐ 2

☐ 2

☐ 2

☐ 2

Incorporated and Principal Place of Business In Another State

☐ 5

☐ 5

☐ 3

☐ 3

☐ 3

☐ 3

Foreign Nation

☐ 6

☐ 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT

☐ 110 Insurance

☐ 120 Marine

☐ 130 Miller Act

☐ 140 Negotiable Instrument

☐ 150 Recovery of Overpayment & Enforcement of Judgment

☐ 151 Medicare Act

☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)

☐ 153 Recovery of Veteran's Benefits

☐ 160 Stockholders' Suits

☐ 190 Other Contract

☐ 195 Contract Product Liability

☐ 196 Franchise

TORTS

PERSONAL INJURY

☐ 310 Airplane

☐ 315 Airplane Product Liability

☐ 320 Assault, Libel & Slander

☐ 330 Federal Employers' Liability

☐ 340 Marine

☐ 345 Marine Product Liability

☐ 350 Motor Vehicle

☐ 355 Motor Vehicle Product Liability

☐ 360 Other Personal Injury

☐ 362 Personal Injury - Medical Malpractice

PERSONAL INJURY

☐ 365 Personal Injury - Product Liability

☐ 367 Health Care/Pharmaceutical Personal Injury Product Liability

☐ 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY

☐ 370 Other Fraud

☐ 371 Truth in Lending

☐ 380 Other Personal Property Damage

☐ 385 Property Damage Product Liability

FORFEITURE/PENALTY

☐ 625 Drug Related Seizure of Property 21 USC 881

☐ 690 Other

LABOR

☐ 710 Fair Labor Standards Act

☐ 720 Labor/Management Relations

☐ 740 Railway Labor Act

☐ 751 Family and Medical Leave Act

☐ 790 Other Labor Litigation

☐ 791 Employee Retirement Income Security Act

IMMIGRATION

☐ 462 Naturalization Application

☐ 463 Habeas Corpus - Alien Detainee (Prisoner Petition)

☐ 465 Other Immigration Actions

BANKRUPTCY

☐ 422 Appeal 28 USC 158

☐ 423 Withdrawal 28 USC 157

PROPERTY RIGHTS

☐ 820 Copyrights

☐ 830 Patent

☐ 840 Trademark

SOCIAL SECURITY

☐ 861 HIA (1395ff)

☐ 862 Black Lung (923)

☐ 863 DIWC/DIWW (405(g))

☐ 864 SSID Title XVI

☐ 865 RSI (405(g))

OTHER STATUTES

☐ 375 False Claims Act

☐ 376 Qui Tam (31 USC 3729 (a))

☐ 400 State Reapportionment

☐ 410 Antitrust

☐ 430 Banks and Banking

☐ 450 Commerce

☐ 460 Deportation

☐ 470 Racketeer Influenced and Corrupt Organizations

☐ 480 Consumer Credit

☐ 490 Cable/Sat TV

☐ 850 Securities/Commodities/Exchange

☐ 890 Other Statutory Actions

☐ 891 Agricultural Acts

☐ 893 Environmental Matters

☐ 895 Freedom of Information Act

☐ 896 Arbitration

☐ 899 Administrative Procedure Act/Review or Appeal of Agency Decision

☐ 950 Constitutionality of State Statutes

V. ORIGIN (Place an "X" in One Box Only)

☐ 1 Original Proceeding

☐ 2 Removed from State Court

☐ 3 Remanded from Appellate Court

☐ 4 Reinstated or Reopened

☐ 5 Transferred from Another District (specify)

☐ 6 Multidistrict Litigation-Transfer

☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION (Enter U.S. Civil Statute under which you are filing and write a brief statement of cause.)

VII. Previous Bankruptcy Matters (For nature of suit 422 and 423, enter the case number and judge for any associated bankruptcy matter previously adjudicated by a judge of this Court. Use a separate attachment if necessary.)

VIII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

IX. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

X. This case (check one box) ☐ Is not a refile of a previously dismissed action ☐ is a refile of case number _____ previously dismissed by Judge _____

DATE

SIGNATURE OF ATTORNEY OF RECORD

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

I. (a) Plaintiffs-Defendants. Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

II. Jurisdiction. The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.

United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; NOTE: federal question actions take precedence over diversity cases.)

III. Residence (citizenship) of Principal Parties. This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

IV. Nature of Suit. Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerk(s) in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.

V. Origin. Place an "X" in one of the six boxes.

Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.

Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.

VI. Cause of Action. Report the civil statute directly related to the cause of action and give a brief description of the cause. Do not cite jurisdictional statutes unless diversity. Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service

VII. Previous Bankruptcy Matters For nature of suit 422 and 423 enter the case number and judge for any associated bankruptcy matter previously adjudicated by a judge of this court. Use a separate attachment if necessary.

VIII. Requested in Complaint. Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P. Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

IX. Related Cases. This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

X. Refiling Information. Place an "X" in one of the two boxes indicating if the case is or is not a refiling of a previously dismissed action. If it is a refiling of a previously dismissed action, insert the case number and judge.

Date and Attorney Signature. Date and sign the civil cover sheet.

**APPEARANCE FORM FOR PRO SE LITIGANTS
DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS**

Information entered on this form is required for any person filing a case in this court as a pro se party (that is, without an attorney).

NAME: _____
(Please print)

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

CASE NUMBER: _____

Signature Date

REQUEST TO RECEIVE NOTICE THROUGH E-MAIL

If you check the box below and provide an e-mail address in the space provided, you will receive notice via e-mail. By checking the box and providing an e-mail address, under Federal Rule of Civil Procedure 5(b)2(E) you are waiving your right to receive a paper copy of documents filed electronically in this case. You should not provide an e-mail address if you do not check it frequently.

☐

I request to be sent notices from the court via e-mail. I understand that by making this request, I am waiving the right to receive a paper copy of any electronically filed document in this case. I understand that if my e-mail address changes I must promptly notify the Court in writing.

E-Mail Address
(Please Print Clearly)

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

(full name of plaintiff or petitioner)

vs.

**APPLICATION TO PROCEED
WITHOUT PREPAYING FEES OR
COSTS / FINANCIAL AFFIDAVIT
(PRISONER CASES)**

Case number: _____

(full name of defendant(s) or respondent(s))

Instructions: Please answer every question. Do not leave blanks.
If the answer is "0" or "none," say so.

If you are in custody, you are subject to the Prison Litigation Reform Act ("PLRA"). The PLRA requires all pretrial detainees and prisoners to pay the filing fee. If you cannot pay the full filing fee at this time, you may seek leave to proceed *in forma pauperis*. A pretrial detainee or prisoner who proceeds *in forma pauperis* pays the full filing fee over time, with monthly installments taken from his or her trust fund account.

Application: I am the plaintiff / petitioner in this case. I believe that I am entitled to the relief I am requesting in this case. I am providing the following information under penalty of perjury in support of my request (check all that apply):

___ to proceed *in forma pauperis* (IFP) (without prepaying fees or costs)

___ to request an attorney

1. Are you in custody? ___ Yes ___ No

ID # _____ Name of jail or prison: _____

Do you receive any payment from this institution? ___ Yes ___ No

If "Yes," how much per month? \$ _____

2. Other sources of income / money: For the past 12 months, list the amount of money that you have received from any of the following sources:

(list the 12-month total for each)

Self-employment, business, or profession:	\$ _____
Income from interest or dividends:	\$ _____
Income from rent payments:	\$ _____
Pensions, annuities, or life insurance:	\$ _____
Disability or worker's compensation:	\$ _____
Gifts:	\$ _____
Deposits by others into your jail or prison account:	\$ _____
Unemployment, public assistance, or welfare:	\$ _____
Settlements or judgments:	\$ _____
Any other source of money:	\$ _____

3. Cash and bank accounts: Do you have any money in cash or in a checking or savings account? ___ Yes ___ No If yes, how much? _____
4. Other assets: Do you have an interest in any real estate (including your home), stocks, bonds, other securities, retirement plans, automobiles, jewelry, or other valuable property (not including ordinary household furnishings and clothing)? ___ Yes ___ No

If yes, list each item of property and state its approximate value:

5. Dependents: Is anyone dependent on you for support? ___ Yes ___ No

If yes, please list their names (for minor children, use only initials); relationship to you; and how much you and/or your spouse contribute toward their support each month:

6. Debts and financial obligations: List any amounts you owe to others:

Declaration: I declare under penalty of perjury that all of the information listed above is true and correct. I understand that a false statement may result in dismissal of my claims or other sanctions.

Date: _____

Applicant's signature

Printed name

NOTICE TO PRISONERS: In addition to the Certificate below, you must attach a print-out from the institution(s) where you have been in custody during the last twelve months showing all receipts, expenditures and balances in your prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full twelve months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account – prepared by each institution where you have been in custody during that twelve-month period. You must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named above, _____, ID # _____, has the sum of \$ _____ on account to his/her credit at _____ (name of institution). I also certify that during the past twelve months, the applicant's average monthly deposit was \$ _____. (Add all deposits from all sources and then divide by the number of months.)

Date: _____

Signature of authorized officer

Printed name

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

Plaintiff(s))	
)	Case No: _____
v.)	
)	
)	Judge: _____
Defendant(s))	
)	

MOTION FOR ATTORNEY REPRESENTATION

(NOTE: Failure to complete all items may result in the denial of this motion.)

1. I, _____, declare that I am the (check appropriate box)
☐ plaintiff ☐ defendant in this case and that I am unable to afford the services of an attorney. I hereby ask the Court for an attorney to represent me in this case.
2. I declare that I have contacted the following attorneys/organizations seeking representation:
(NOTE: This item must be completed.)

but I have been unable to find an attorney because:

3. I declare that (check all that apply):
(Now:)

☐ I *am not* currently represented by an attorney requested by the Court in any federal criminal or civil case.

OR

☐ I *am* currently represented by an attorney requested by the Court in a federal criminal or civil case. The case is described on the back of this page.

(Earlier:)

☐ I *have not* previously been represented by an attorney requested by the Court in any federal criminal or civil case.

OR

☐ I *have* previously been represented by an attorney requested by the Court in a federal criminal or civil case. The case is described on the back of this page.

4. I declare that (check one):

☐ I have attached an original Application for Leave to Proceed *In Forma Pauperis* detailing my financial status.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

- ☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this case, and it is still true and correct.
- ☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this case. However, my financial status has changed and I have attached an Amended Application to Proceed *In Forma Pauperis* to reflect my current financial status.

5. ☐ I declare that my highest level of education is (check one):

- ☐ Grammar school ☐ Some high school ☐ High school graduate
- ☐ Some college ☐ College graduate ☐ Post-graduate

6. ☐ I declare that my ability to speak, write, and/or read English is limited because English is not my primary language. (Check **only** if applicable.)

7. ☐ I declare that this form and/or other documents in this case were prepared with the help of an attorney from the U.S. District Court *Pro Se* Assistance Program. (Check **only** if applicable.)

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

Movant's Signature

Street Address

Date

City, State, Zip

Other cases in which an attorney requested by this Court has represented me:

Case Name: _____ Case No.: _____

Attorney's Name: _____ The case is still pending: Yes ____ No ____

The appointment was limited to settlement assistance: Yes ____ No ____

Case Name: _____ Case No.: _____

Attorney's Name: _____ The case is still pending: Yes ____ No ____

The appointment was limited to settlement assistance: Yes ____ No ____

Case Name: _____ Case No.: _____

Attorney's Name: _____ The case is still pending: Yes ____ No ____

The appointment was limited to settlement assistance: Yes ____ No ____

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

UNITED STATES DISTRICT COURT

for the

_____ District of _____

Plaintiff(s)

v.

Defendant(s)

)
)
)
)
)
)
)
)
)
)
)

Civil Action No. _____

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____ .

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____ .

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See [*"Instructions for Service of Process by U.S. Marshal"*](#)

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (<i>complete only different than shown above</i>)	<table border="1"> <tr> <td>Date</td> <td>Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy _____</td> </tr> </table>	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy _____	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm				
Signature of U.S. Marshal or Deputy _____					

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED