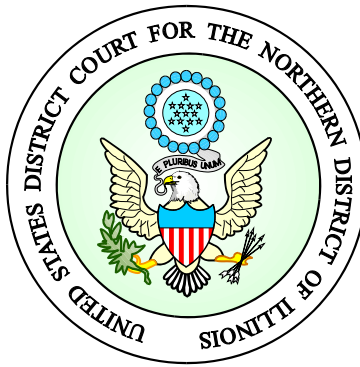


**CÓMO INTERPONER UN CASO CIVIL  
SIN ABOGADO:  
*DERECHOS CIVILES*  
FORMULARIOS e INSTRUCCIONES**



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

**(07/01/16)**

Note: Although some portions of this packet have been translated into the Spanish language, any filings, motions and case materials must be submitted in the English language. In addition, all hearings in court will be conducted in English. If you do not speak English, please bring an interpreter to court with you.

Nota: Aunque algunas porciones de este paquete han sido traducidas al idioma español, toda presentación de interposiciones, recursos y materiales de caso tendrán que ser presentados en el idioma inglés. Además, toda audiencia en el tribunal será gestionada en inglés. Si no habla inglés, por favor traiga su propio intérprete al tribunal.

### **Identificadores Personales Incluidos en Interposiciones Presentadas a Papel**

La Fracción 5.2 de los Reglamentos Federales de Procedimiento Civil trata el tema de la problemática de privacidad y seguridad ocasionada por el acceso público a los archivos electrónicos del tribunal. Según dicta esta fracción, todo papeleo entablado en el tribunal debe de no contener ni el número del seguro social completo ni la fecha de nacimiento completa de nadie; dicho papeleo tampoco debe de contener el nombre de alguien quien se sabe ser menor de edad; ni tampoco el número completo de una cuenta financiera. Toda presentación de una interposición debe incluir solamente los últimos cuatro dígitos del número del seguro social o del número de cuenta del contribuyente, solamente el año de nacimiento de la persona, solamente las iniciales de un menor de edad, y solamente los últimos cuatro dígitos de una cuenta financiera. Por favor examine nuevamente la fracción para obtener lista completa de los requisitos y excepciones.

## Resumen de instrucciones para interponer un caso civil

| Documento   | Información General  | Número de Copias Requeridas   |
|---|--|---|
| <b>Demanda</b>  | <ul style="list-style-type: none"> <li>• Anote a todos los demandantes y demandados en el título del documento en la parte superior izquierda de la demanda.</li> <li>• Exprese su caso en sus propias palabras, usando páginas adicionales si las necesita.</li> <li>• Su firma, dirección, y número de teléfono deben aparecer en la última página de su demanda.</li> <li>• Puede adjuntar elementos de prueba o anexos a su demanda.</li> </ul>  | <ul style="list-style-type: none"> <li>• Usted debe proporcionar un original, una copia para el juez asignado, y una copia para <i>cada uno</i> de los demandados nombrados en su demanda.</li> <li>• Si usted está demandando al gobierno federal o a una agencia federal, usted necesitará proporcionar tres copias extra.</li> </ul> |
| <b>Carátula para casos civiles (JS-44)</b>                | <ul style="list-style-type: none"> <li>• Este es el formulario que el Tribunal usa al preparar las minutas o el registro de actuaciones en su caso.</li> <li>• Las instrucciones para completar este formulario aparecen al dorso del formulario.</li> </ul>   | <ul style="list-style-type: none"> <li>• Sólo se requiere el original.</li> </ul>   |
| <b>Formulario de comparecencia para litigantes pro se</b> | <ul style="list-style-type: none"> <li>• <b>El formulario de comparecencia, el cual hay que interponer, proporciona información sobre su nombre y dirección. Aparece en las minutas de su caso. También identifica adónde se envían las notificaciones de órdenes e interposiciones de documentos en su caso. Si tiene acceso a email, usted debería indicar en su formulario de comparecencia que quiere recibir notificaciones electrónicamente en vez de en papel.</b></li> <li>• Si usted no tiene un abogado y si procederá sin abogado, llene el formulario de comparecencia según las instrucciones al dorso del formulario, proporcionando su nombre y dirección.</li> </ul> | <ul style="list-style-type: none"> <li>• Sólo se requiere el original.</li> </ul>   |
| <b>Cuotas o tarifas de interposición de documentos</b>    | <ul style="list-style-type: none"> <li>• Existe una cuota para interponer un caso civil, aparte de una orden de habeas corpus</li> <li>• Si usted no puede pagar la cuota, vea la información a continuación sobre la solicitud para proceder in forma pauperis</li> <li>• Vea la <a href="#">lista actual de cuotas</a> del Tribunal para obtener información sobre las cuotas de interposición de documentos.</li> </ul>   |   |
| <b>Solicitud in forma pauperis</b>                        | <ul style="list-style-type: none"> <li>• Un demandante usa esta petición para pedir que el juez apruebe que un caso civil pueda proceder sin hacer el pago de la cuota previo a la interposición de los documentos.</li> <li>• Complete todas las secciones aplicables de la solicitud, firme e ingrese la fecha.</li> </ul>   | <ul style="list-style-type: none"> <li>• Usted tiene que proporcionar un original y una copia para el juez asignado.</li> </ul>   |
| <b>Recurso para Representación de un Abogado</b>          | <ul style="list-style-type: none"> <li>• Este recurso es para pedirle al juez que le asigne un abogado.</li> <li>• Complete este formulario de recurso según las instrucciones adjuntas al formulario.</li> </ul>  | <ul style="list-style-type: none"> <li>• Usted debe proporcionar un original y una copia para el juez asignado.</li> </ul>  |
| <b>Citatorio</b>  | <ul style="list-style-type: none"> <li>• Complete el original y una copia para la entrega oficial a cada demandado.</li> <li>• Su propio nombre y dirección deben aparecer bajo el encabezado denominado "Plaintiff's Attorney".</li> </ul>  | <ul style="list-style-type: none"> <li>• Usted debe proporcionar un original y una copia para <i>cada uno</i> de los demandados nombrados en su demanda.</li> <li>• Si usted está demandando al gobierno federal o a una agencia federal, necesita proporcionar tres copias extra.</li> </ul>   |

|                |   |  |
|----------------|---|--|
| <b>USM-285</b> | <ul style="list-style-type: none"> <li>• Este formulario tiene como propósito ser el documento de control de notificación de demanda efectuada por un Alguacil Federal (U.S. Marshal).</li> <li>• Llene todas las secciones pertinentes del formulario.</li> <li>• Presente una copia completada del formulario para cada uno de los demandados nombrados en su demanda.</li> </ul> | <ul style="list-style-type: none"> <li>• Usted debe proporcionar un original para <i>cada uno</i> de los demandados nombrados en su demanda.</li> <li>• Si usted está demandando al gobierno federal o a una agencia federal, necesita proporcionar dos copias extra.</li> </ul> |
|----------------|---|--|

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

|                      |   |                 |
|----------------------|---|-----------------|
|                      | ) |                 |
|                      | ) |                 |
|                      | ) |                 |
|                      | ) |                 |
| <b>Plaintiff(s),</b> | ) |                 |
|                      | ) |                 |
| <b>vs.</b>           | ) | <b>Case No.</b> |
|                      | ) |                 |
|                      | ) |                 |
|                      | ) |                 |
|                      | ) |                 |
|                      | ) |                 |
| <b>Defendant(s).</b> | ) |                 |

**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.<sup>1</sup>
- ☐ Plaintiff was found guilty of one or more charges because defendant deprived me of a fair trial as follows\_\_\_\_\_
- \_\_\_\_\_.
- ☐ Other: \_\_\_\_\_.

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<sup>1</sup>Examples 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:

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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

☐ 1 ☐ 1

☐ 2 ☐ 2

☐ 3 ☐ 3

Incorporated or Principal Place of Business In This State

Incorporated and Principal Place of Business In Another State

Foreign Nation

PTF DEF

☐ 4 ☐ 4

☐ 5 ☐ 5

☐ 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

REAL PROPERTY

☐ 210 Land Condemnation

☐ 220 Foreclosure

☐ 230 Rent Lease & Ejectment

☐ 240 Torts to Land

☐ 245 Tort Product Liability

☐ 290 All Other Real Property

CIVIL RIGHTS

☐ 440 Other Civil Rights

☐ 441 Voting

☐ 442 Employment

☐ 443 Housing/Accommodations

☐ 445 Amer. w/Disabilities Employment

☐ 446 Amer. w/Disabilities Other

☐ 448 Education

PRISONER PETITIONS

☐ 510 Motions to Vacate Sentence

Habeas Corpus:

☐ 530 General

☐ 535 Death Penalty

☐ 540 Mandamus & Other

☐ 550 Civil Rights

☐ 555 Prison Condition

☐ 560 Civil Detainee - Conditions of Confinement

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.

## U.S. District Court for the Northern District Of Illinois Appearance Form for Pro Se Litigants

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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). **Please PRINT legibly.**

Case Title: \_\_\_\_\_ Case Number: \_\_\_\_\_

An appearance is hereby filed by the undersigned as a pro se litigant:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Executed on (date)

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### 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 legibly.)**

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

**IN FORMA PAUPERIS APPLICATION  
AND FINANCIAL AFFIDAVIT**

\_\_\_\_\_  
Plaintiff

Case Number: \_\_\_\_\_

v.

Judge: \_\_\_\_\_

\_\_\_\_\_  
Defendant(s).

**Instructions:** Please answer every question. Do not leave any blanks. If the answer is “none” or “not applicable (N/A),” write that response. Wherever a box is included, place a ✓ in whichever box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such question by number and provide the additional information. Please print or type your answers.

Application: I, \_\_\_\_\_, declare that I am the ☐ plaintiff  
☐ petitioner ☐ movant ☐ (other \_\_\_\_\_) in the  
above-entitled case. This affidavit constitutes my application to proceed ☐ without full  
prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I  
declare that I am unable to pay the costs of these proceedings, and I believe that I am entitled to  
the relief sought in the complaint/petition/motion/appeal. In support of my application, I answer  
the following questions under penalty of perjury.

1. Are you currently incarcerated? ☐ Yes ☐ No  
(If “No” go to question 2.)

ID #: \_\_\_\_\_ Name of prison or jail: \_\_\_\_\_  
Do you receive any payment from the institution? ☐ Yes ☐ No  
Monthly amount: \_\_\_\_\_

2. Are you currently employed? ☐ Yes ☐ No

A. If the answer is “yes,” state your:  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

B. If the answer is “no,” state your:  
Beginning and ending dates of last employment: \_\_\_\_\_  
Last monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Are you married? ☐ Yes ☐ No  
If the answer is “yes”, is your spouse currently employed? ☐ Yes ☐ No

*Spouse's Monthly* salary or wages: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

4. In addition to your income stated above in response to Question 2 (which you should not repeat here), have you or anyone else living at the same residence received more than \$200 in the past twelve months from any of the following sources? Place a ✓ next to "Yes" or "No" in each of the categories A through G, check all boxes that apply in each category, and fill in the twelve-month total in each category.

A. ☐ Salary or ☐ wages ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

B. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

C. ☐ Rental income, ☐ interest or ☐ dividends ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

D. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life

insurance, ☐ disability, ☐ workers' compensation,

☐ alimony or maintenance or ☐ child support

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

E. ☐ Gifts or ☐ inheritances ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

F. ☐ Unemployment, ☐ welfare, or ☐ any other public assistance ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

G. ☐ Any other sources (describe source: \_\_\_\_\_) ☐ Yes ☐ No

Total received in the last 12 months: \_\_\_\_\_

Received by: \_\_\_\_\_

5. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☐ No

Total amount: \_\_\_\_\_

In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☐ No  
Property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
7. Do you or anyone else living at the same residence own any real estate (with or without a mortgage)? Real estate includes, among other things, a house, apartment, condominium, cooperative, two-flat, etc. ☐ Yes ☐ No  
Type of property and address: \_\_\_\_\_  
Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the property is worth and the amount you owe on it.)  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
8. Do you or anyone else living at the same residence own any automobiles with a current market value of more than \$1000? ☐ Yes ☐ No  
Year, make and model: \_\_\_\_\_  
Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the automobile is worth and the amount you owe on it.)  
Amount of monthly loan payments: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
9. Do you or anyone else living at the same residence own any boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☐ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_ Equity: \_\_\_\_\_ (Equity is the difference between what the property is worth and the amount you owe on it.)  
Amount of monthly loan payments: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
10. List the persons who live with you who are dependent on you for support. State your relationship to each person and state whether you are entirely responsible for the person's support or the specific monthly amount you contribute to his or her support. If none, check here: ☐ None.  
\_\_\_\_\_  
\_\_\_\_\_
11. List the persons who do not live with you who are dependent on you for support. State your relationship to each person and state how much you contribute monthly to his or her support. If none, check here: ☐ None.  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that 28 U.S.C. § 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Print Name)

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**NOTICE TO PRISONERS:** In addition to the Certificate below, a prisoner must also attach a print-out from the institution(s) where he or she has been in custody during the last six months showing all receipts, expenditures and balances in the prisoner's prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six 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 six-month period. As already stated, you must also have the Certificate below completed by an authorized officer at each institution.

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

I certify that the applicant named herein, \_\_\_\_\_, I.D.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_. I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_. (Add all deposits from all sources and then divide by number of months).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
(Print Name)



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

|              |   |              |
|--------------|---|--------------|
| Plaintiff(s) | ) |              |
|              | ) |              |
|              | ) | Case Number: |
| 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.

- ☐ 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):
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Grammar school | <input type="checkbox"/> Some high school | <input type="checkbox"/> High school graduate |
| <input type="checkbox"/> Some college   | <input type="checkbox"/> College graduate | <input type="checkbox"/> 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.

\_\_\_\_\_  
Signature of Movant

\_\_\_\_\_  
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: _____ This case is still pending <input type="checkbox"/> Yes <input type="checkbox"/> No     |                 |
| The appointment was limited to settlement assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Case Name: _____   | Case No.: _____ |
| Attorney's Name: _____ This case is still pending <input type="checkbox"/> Yes <input type="checkbox"/> No     |                 |
| The appointment was limited to settlement assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Case Name: _____   | Case No.: _____ |
| Attorney's Name: _____ This case is still pending <input type="checkbox"/> Yes <input type="checkbox"/> No     |                 |
| The appointment was limited to settlement assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |

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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<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE |
|---|--|------------------|------|

### 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.<br>(Sign only for USM 285 if more than one USM 285 is submitted) | Total Process<br>_____ | District of Origin<br>No. _____ | District to Serve<br>No. _____ | Signature of Authorized USMS Deputy or Clerk<br>_____ | Date<br>_____ |
|---|------------------------|---------------------------------|--------------------------------|---|---------------|

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<br/><input type="checkbox"/> am<br/><input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy<br/>_____</td> </tr> </table> | Date | Time<br><input type="checkbox"/> am<br><input type="checkbox"/> pm | Signature of U.S. Marshal or Deputy<br>_____ |  |
| Date  | Time<br><input type="checkbox"/> am<br><input type="checkbox"/> pm   |      |  |  |  |
| Signature of U.S. Marshal or Deputy<br>_____                      |  |      |  |  |  |

|             |  |                |               |                  |   |
|-------------|--|----------------|---------------|------------------|---|
| 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