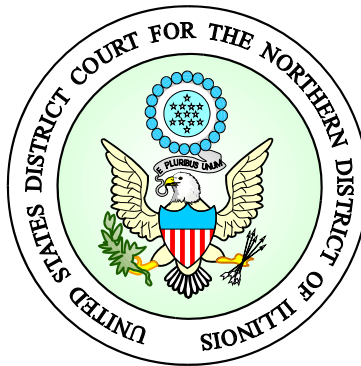


**FILING A CIVIL CASE  
WITHOUT AN ATTORNEY:  
EMPLOYMENT DISCRIMINATION  
FORMS & INSTRUCTIONS**



**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.

## **Filing a Complaint of Employment Discrimination**

A blank copy of the employment discrimination complaint form has been included in the packet. Additional forms are available on the Court's [website](#) under On-line forms and on the Court's kiosk located on the 20<sup>th</sup> floor outside the Clerk's Office.

The remainder of this section tells you how to complete the employment discrimination complaint form. If you need additional room for your answer to any of the items on the form, you may enter the extra information on a plain piece of paper that is the same size as the employment discrimination form. If you add an extra page for one of the items in the form, write "see additional page" in the place on the form where you run out of room to write. On your additional page, write the number of the item and the word "continued" (For example, "Item 13 continued").

### **Identifying the Parties**

At the top of the form, write your name in the lined space above "(Name of the plaintiff or plaintiffs)." On the lines above "(Name of the defendant or defendants)," write the name of the party or parties you want to sue. If you need more space to list plaintiff or defendants, use an extra sheet of paper, and indicate on the original form that the list of parties continues to another page. Identify each party as a plaintiff or defendant.

### **Numbered Items in the Employment Discrimination Complaint Form**

- 1) This item simply identifies the complaint as a legal action involving a claim of employment discrimination. You do not need to write anything here.
- 2) Item 2) tells the court who you are. Complete this item by entering your name and the county and state where you live. If there are more than one plaintiffs, you need to add the counties and states where each plaintiff lives.
- 3) Item 3) identifies the defendant. Complete this item by entering the name, address, and (if available) the telephone number of each defendant. Please note that, in general, the defendant named in the complaint filed in this Court must be the same person or company that was named in the EEOC proceeding.
- 4) Item 4) identifies the place of business where you believe the employment discrimination happened. Complete this item by entering the address of the business.
- 5) Item 5) describes your employment relationship with the defendant at the time you are filing your complaint. Complete this item by putting an "X" or a "✓" in the box that describes your current status.
- 6) Item 6) indicates when you believe the employment discrimination occurred or—if you believe the discrimination is still going on—when the discrimination started. Complete this item by entering the date. If you do not know a specific date, complete item 6 by

entering the date that is your best estimate of when the discrimination happened or started.

- 7) Item 7) indicates whether you have or have not previously taken your employment discrimination complaint to either the Equal Employment Opportunity Commission (EEOC) *or* the Illinois Department of Human Rights. Record your response by entering an “X” or a “✓” in the box labeled “has not” or the box labeled “has.”

If you indicated in 7)(a) that you *have* filed your complaint with the EEOC or the Illinois Department of Human Rights, complete items 7)(a)(i) or 7)(a)(ii) to indicate which of these agencies you have been before and the date you filed your complaint with them.

In item 7)(b), enter an “X” or a “✓” in the box labeled “Yes” or “No” to indicate whether you have attached a copy of the charge you brought before the EEOC and/or the Illinois Human Rights Commission.

- 8) If the EEOC has not issued you a document called a “Notice of Right to Sue,” enter an “X” or a “✓” in box 8)(a).

If the EEOC *has* issued you a “Notice of Right to Sue,” enter an “X” or a “✓” in box 8)(b). Complete the rest of item 8)(b) by entering the date on which you received the EEOC notice. Attach a copy of your “Notice of Right to Sue” to the complaint form.

- 9) Item 9) indicates the type of discrimination covered by your complaint. Read the list of discrimination types, then enter an “X” or a “✓” in the boxes or boxes that you believe apply to your situation.
- 10) If the defendant in your complaint is a state or local government agency *and* you are claiming discrimination on the basis of race, color, or national origin, complete item 10) by entering an “X” or a “✓” in the box labeled “YES.” For all other complaints, enter an “X” or a “✓” in the box labeled “NO.”
- 11) This item lists the laws that give the District Court jurisdiction over the case. You do not need to write anything here.
- 12) Use item 12) to indicate what action or actions you believe the defendant took that affected your employment. Read the list of six actions, then enter an “X” or a “✓” in the boxes or boxes that you believe apply to your situation. Note that this item 12)(f) allows additional space for you to write more if you believe that items 12)(a) through 12)(e) don’t apply to your complaint. Please note that a plaintiff is generally permitted to proceed in this Court *only* on claims that have been presented to the EEOC.

- 13.) Use item 13) to briefly describe the facts that lead you to believe that you have been discriminated against by the defendant.
- 14) Item 14) consists of specific language that is required in employment complaints that claim discrimination on the basis of age. You do not need to write anything here.
- 15) Use item 15) to indicate whether or not you want your case to be tried by a jury. If you want a trial by jury, enter an “X” or a “✓” in the box labeled “YES.” If you do not want to demand a jury trial, enter an “X” or a “✓” in the box labeled “NO.”
- 16) Use Item 16) to tell the Court what you want to happen as a result of your employment discrimination complaint. Read the list of kinds of relief, then enter an “X” or a “✓” in the boxes or boxes that indicate the result you want. Note that item 16)(f) allows additional space for you to write more if necessary.

### **Signature, Date, Name, and Address**

You must sign the employment discrimination complaint. Do this on the last page of the form. You must also enter your name, address, and telephone number.

### **Completing the Civil Cover Sheet for an Employment Discrimination Complaint**

The civil cover sheet is a form that you need to complete and submit along with your complaint. The civil cover sheet records basic information about your civil case. There are instructions on the reverse side of the civil cover sheet describing how the cover sheet should be completed. However, a brief summary for employment discrimination complaints may be helpful.

- Identifying the parties. Record the names of the parties in the spaces labeled “plaintiffs” and “defendants” at the top of the civil cover sheet.
- Basis of jurisdiction. Unless you are suing the federal government, enter an “X” or a “✓” in the box labeled “federal question.” If you are suing the federal government enter an “X” or a “✓” in the box labeled “U.S. Government Defendant.”
- In an employment discrimination case you do not need to enter anything in the section of the civil cover sheet labeled “Citizenship of Principal Parties.”
- In the section labeled “Origin,” enter an “X” or a “✓” in the box labeled “Original Proceeding.”

- In the part of the civil cover sheet section labeled “Nature of Suit,” find the section labeled “Civil Rights.” Next, enter an “X” or a “✓” in the box labeled “442 Employment.”
- In the section labeled “Cause of Action,” enter “complaint of employment discrimination.”
- In the part of the civil cover sheet labeled “Requested in Complaint,” find the section labeled “Demand \$.” If you are asking that the court order the defendant to pay you a specific amount of money, enter that amount next to “Demand \$.” If you are *not* requesting an award of money, enter “0” next to “Demand \$.”

In the same section of the civil cover sheet, enter the same information about your request for a jury trial that you entered in item 15) of your employment discrimination complaint form.

- Refiling a Previously Dismissed Case. If you have previously filed a complaint involving the same claim of discrimination by the same defendant, enter the name of the judge and the case number in the space provided in this section of the civil cover sheet.
- Date and signature. Record the date and sign the civil cover sheet in the space labeled “signature of attorney of record.”

## Summary of Instructions for Filing a Civil Case

Document	General Information	Number of Copies Required
<b>Complaint</b>	<ul style="list-style-type: none"> <li>List all plaintiffs and defendants in the caption, the top left of the complaint.</li> <li>State your case in your own words, using additional pages if you need them.</li> <li>Your signature, address, and telephone number must appear on the last page of your complaint.</li> <li>Exhibits may be attached to your complaint.</li> </ul>	<ul style="list-style-type: none"> <li>You must provide an original, one copy for the assigned judge, and one copy for <i>each</i> defendant named in your complaint.</li> <li>If you are suing the federal government or federal agency, you need to provide three extra copies.</li> </ul>
<b>Civil Cover Sheet (JS-44)</b>	<ul style="list-style-type: none"> <li>This is a form used by the Court in preparing the docket for your case.</li> <li>Instructions for completing this form appear on the reverse side of the form.</li> </ul>	<ul style="list-style-type: none"> <li>Only the original is required.</li> </ul>
<b>Appearance Form for Pro Se Litigants</b>	<ul style="list-style-type: none"> <li><b>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.</b></li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Only the original is required.</li> </ul>
<b>Filing fees</b>	<ul style="list-style-type: none"> <li>There is a fee for the filing of a civil case other than a writ of habeas corpus.</li> <li>If you are unable to afford the fee, see the information below about in forma pauperis application.</li> <li>See the Court's current <a href="#">fee schedule</a> for filing fee information.</li> </ul>	
<b>In Forma Pauperis Application</b>	<ul style="list-style-type: none"> <li>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.</li> <li>Complete all appropriate sections of the application, sign and date.</li> </ul>	<ul style="list-style-type: none"> <li>You must provide an original and one copy for the assigned judge.</li> </ul>
<b>Motion for Attorney Representation</b>	<ul style="list-style-type: none"> <li>This motion is a request that the Court appoint an attorney.</li> <li>Complete the motion form in accordance with the instructions attached to the form.</li> </ul>	<ul style="list-style-type: none"> <li>You must provide an original and one copy for the assigned judge.</li> </ul>
<b>Summons</b>	<ul style="list-style-type: none"> <li>Complete the original and one copy for service to each defendant.</li> <li>Your own name and address should appear under the heading labeled "Plaintiff's Attorney."</li> </ul>	<ul style="list-style-type: none"> <li>You must provide an original and one copy for <i>each</i> defendant named in your complaint.</li> <li>If you are suing the federal government or federal agency, you need to provide three extra copies.</li> </ul>

**USM-285**

- |                |  |  |
|----------------|--|--|
| <b>USM-285</b> | <ul style="list-style-type: none"><li>• This form is designed as a control document for process served by a U.S. Marshal.</li><li>• Complete all appropriate sections of the form.</li><li>• Submit a completed copy of the form for each defendant named in your complaint.</li></ul> | <ul style="list-style-type: none"><li>• You must provide an original for <i>each</i> defendant named in your complaint.</li><li>• If you are suing the federal government or federal agency, you need to provide two extra copies.</li></ul> |
|----------------|--|--|



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

	)	
	)	
	)	
Plaintiff(s),	)	Case Number: _____
	)	
v.	)	
	)	
	)	
Defendant(s).	)	

**COMPLAINT OF EMPLOYMENT DISCRIMINATION**

1. This is an action for employment discrimination.
  
2. The plaintiff is \_\_\_\_\_ of the  
county of \_\_\_\_\_ in the state of \_\_\_\_\_.
  
3. The defendant is \_\_\_\_\_, whose  
street address is \_\_\_\_\_,  
(city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (ZIP) \_\_\_\_\_  
(Defendant's telephone number) (\_\_\_\_) – \_\_\_\_\_
  
4. The plaintiff sought employment or was employed by the defendant at (street address)  
\_\_\_\_\_ (city) \_\_\_\_\_  
(county) \_\_\_\_\_ (state) \_\_\_\_\_ (ZIP code) \_\_\_\_\_

5. The plaintiff [*check one box*]

- (a) ☐ was denied employment by the defendant.
- (b) ☐ was hired and is still employed by the defendant.
- (c) ☐ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about, (month)\_\_\_\_\_, (day)\_\_\_\_\_, (year)\_\_\_\_\_.

7.1 (*Choose paragraph 7.1 or 7.2, do not complete both.*)

- (a) The defendant is not a federal governmental agency, and the plaintiff [*check one box*] ☐has ☐has not filed a charge or charges against the defendant asserting the acts of discrimination indicated in this complaint with any of the following government agencies:
  - (i) ☐ the United States Equal Employment Opportunity Commission, on or about (month)\_\_\_\_\_ (day)\_\_\_\_\_ (year)\_\_\_\_\_.
  - (ii) ☐ the Illinois Department of Human Rights, on or about (month)\_\_\_\_\_ (day)\_\_\_\_\_ (year)\_\_\_\_\_.
- (b) If charges *were* filed with an agency indicated above, a copy of the charge is attached. ☐ Yes, ☐ No, **but plaintiff will file a copy of the charge within 14 days.**

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

- (a) the plaintiff previously filed a Complaint of Employment Discrimination with the

defendant asserting the acts of discrimination indicated in this court complaint.

☐ Yes (month)\_\_\_\_\_ (day)\_\_\_\_\_ (year) \_\_\_\_\_

☐ No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month)\_\_\_\_\_  
(day) \_\_\_\_\_ (year) \_\_\_\_\_.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

☐ Yes ☐ No, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☐ Yes ☐ NO, but a copy will be filed within 14 days.

8. (Complete paragraph 8 only if defendant is not a federal governmental agency.)

(a) ☐ the United States Equal Employment Opportunity Commission has not  
issued a *Notice of Right to Sue*.

(b) ☐ the United States Equal Employment Opportunity Commission has issued  
a *Notice of Right to Sue*, which was received by the plaintiff on  
(month)\_\_\_\_\_ (day)\_\_\_\_\_ (year)\_\_\_\_\_ a copy of which  
*Notice* is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [***check only those that apply***]:

(a) ☐ Age (Age Discrimination Employment Act).

(b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

- (c) ☐ Disability (Americans with Disabilities Act or Rehabilitation Act)
  - (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
  - (e) ☐ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
  - (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
  - (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)
10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).
11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.
12. The defendant [*check only those that apply*]
- (a) ☐ failed to hire the plaintiff.
  - (b) ☐ terminated the plaintiff's employment.
  - (c) ☐ failed to promote the plaintiff.
  - (d) ☐ failed to reasonably accommodate the plaintiff's religion.
  - (e) ☐ failed to reasonably accommodate the plaintiff's disabilities.
  - (f) ☐ failed to stop harassment;
  - (g) ☐ retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
  - (h) ☐ other (specify): \_\_\_\_\_

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13. The facts supporting the plaintiff's claim of discrimination are as follows:

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14. **[AGE DISCRIMINATION ONLY]** Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☐ Yes ☐ No

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff **[check only those that apply]**

- (a) ☐ Direct the defendant to hire the plaintiff.
- (b) ☐ Direct the defendant to re-employ the plaintiff.
- (c) ☐ Direct the defendant to promote the plaintiff.
- (d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
- (e) ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- (f) ☐ Direct the defendant to (specify): \_\_\_\_\_

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

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- (g) ☐ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- (h) ☐ Grant such other relief as the Court may find appropriate.

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(Plaintiff's signature)

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(Plaintiff's name)

---

(Plaintiff's street address)

(City)\_\_\_\_\_ (State)\_\_\_\_\_ (ZIP)\_\_\_\_\_

(Plaintiff's telephone number) (\_\_\_\_) – \_\_\_\_\_

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

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

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

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

☐ 2 U.S. Government Defendant

☐ 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

☐ 4

☐ 4

Incorporated or Principal Place of Business In This State

Incorporated and Principal Place of Business In Another State

Foreign Nation

☐ 2

☐ 2

☐ 3

☐ 3

☐ 5

☐ 5

☐ 6

☐ 6

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee (Prisoner Petition) <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729 (a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS			
<input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities Employment <input type="checkbox"/> 446 Amer. w/Disabilities Other <input type="checkbox"/> 448 Education	<input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 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  
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:	\$ _____
<b>Any other source of money:</b>	\$ _____

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:

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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:

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

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**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 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	

*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 _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

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 (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode				
Address (complete only different than shown above)	<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