

# **Filing a Civil Case Without an Attorney:**

## ***Prisoner Civil Rights***

**Forms & Instructions**



## **United States District Court for the Northern District of Illinois**

**Revised 06/23/2016**

**INSTRUCTIONS FOR FILING**  
**A COMPLAINT UNDER THE CIVIL RIGHTS ACT**  
**42 U.S.C. § 1983 (against state, county, or municipal defendants)**  
**or**  
**A “BIVENS” ACTION, 28 U.S.C. § 1331**  
**(against federal defendants)**

**Complaint Form**

This packet includes a complaint form and one application to proceed in forma pauperis (as a poor person) with financial affidavit. Local Rule 81.1 of the Local Rules of this court requires prisoners in custody filing suit under 42 U.S.C. § 1983 to use the court’s form. This form is not something submitted with the complaint, it is the complaint. All questions on this form must be answered on the form. (You may attach additional sheets if necessary to complete your answer.) It is not permitted to answer a question “see attached” or “see attached complaint.” Such complaints may be summarily dismissed without prejudice. If you should choose to draft your own complaint instead of using the court’s form, you must still include the information asked for in the court’s form.

To bring a lawsuit, you must submit a complaint bearing your original signature. If you do not have access to a photocopier, you may request more copies of the complaint form from the Clerk of the Court so that you may make conformed copies. You should keep a copy of the complaint for your own records. In forma pauperis status does not entitle you to free copies of court records or documents. Therefore, the Clerk of the Court must charge you if you need photocopies of your complaint or any other motion or document.

If your defendants are state, county, or municipal employees, you should file your case under 42 U.S.C. § 1983. If your defendants are employees of the United States Government, you should file your case under 28 U.S.C. § 1331. If neither statute applies, you should cite the applicable statute, if known.

Your complaint and all other documents must be legibly handwritten or typewritten on one side of letter-sized (8½” x 11”) paper and signed by all plaintiffs. It is not necessary to swear to the complaint before a notary public. However, you are warned that any false statement of a material fact may subject you to dismissal of your case as well as prosecution and conviction for perjury.

All questions must be answered concisely in the proper space on the forms. If you need additional space to answer a question, you may use additional blank pages. **YOUR COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.** You are required only to state the facts. You must describe how each defendant is personally involved in the activities upon which your claim is based.

**Personal Identifiers**

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 Fee**

The filing fee is \$400. In addition, the United States Marshal may require you to pay the cost of serving the complaint on each of the defendants. If you are unable to pay the filing fee of \$400 and service costs for this action, you must petition the court to allow you to proceed in forma pauperis (that is, without prepaying costs and fees).

The Prison Litigation Reform Act ("PLRA") has changed the process for proceeding in forma pauperis. Even if you are granted leave to proceed in forma pauperis, you will be responsible for paying the full amount of the \$400 fee for filing a complaint or the \$505 fee for filing an appeal in installment payments. The initial installment is 20 percent of the greater of (1) the average monthly deposits (including any state pay and gifts) to your inmate trust fund account or (2) the average monthly balance in your account for the six-month period immediately preceding the filing of your complaint or notice of appeal. The court will calculate the initial installment and inform the institution having custody of you to remit this amount.

After the first installment is paid, you will be required to make monthly payments of 20 percent of the preceding month's income credited to your account. You should not send these monthly payments yourself. The institution having custody of you will forward the payments from your account to the clerk of the court each time the amount in your account exceeds \$10 until the filing fees are paid in full.

If you have no assets or other means to pay the initial installment, you will still be allowed to bring your action or appeal. However, you will be required to pay the entire filing fee in installments as described above as money becomes available in your account.

If a court issues a judgment against you that includes the payment of costs, you will be required to pay these costs and they will be collected in the same manner as your filing fee.

### **In Forma Pauperis Application**

To file your application to proceed in forma pauperis, you must complete, sign, and attest as true and correct under penalty of perjury the enclosed application and financial affidavit. You must have an authorized officer at the correctional institution complete the certificate as to the amount of money and securities on deposit to your credit in any account in the institution. You must also attach a certified copy showing all transactions in your inmate trust fund account from each institution where you resided for the six-month period immediately preceding the filing of your complaint. If you have been in more than one institution during the past six months, you must attach trust fund accounts from each institution. If there is more than one plaintiff, then each plaintiff must complete a separate in forma pauperis application and attach a copy of his or her trust fund account.

### **Other PLRA Provisions**

You should be aware of several other provisions of the PLRA. (1) “Three Strike” Provision. If you file three cases or appeals that are dismissed as frivolous, malicious, or failing to state a claim, you will be barred from filing any more cases in forma pauperis unless you are in imminent bodily danger. Some common examples of dismissals that will count toward the three-strike limit include, but are not limited to, failure to name a suable and non-immune defendant; failure to allege facts that would indicate a violation of a federal right; dismissal of your action in response to a defendant’s motion to dismiss for failure to state a claim upon which relief may be granted; dismissal of an appeal as frivolous or not taken in good faith. Note: If the district court dismisses your case for one of these reasons, that will count as one strike. If you appeal the dismissal and the court of appeals dismisses your appeal, that may count as a second strike. (2) Exhaustion. You are now required to exhaust all your available administrative remedies before bringing an action in federal court. (3) Physical Injury. The law now provides that a prisoner, while confined, may not file a federal claim for mental or emotional injury suffered while in custody without a prior showing of physical injury.

### **U.S. Marshal’s Forms and Summons**

USM 285 forms should be completed and submitted at the time you submit your complaint. Summons will be prepared and issued by the Clerk’s office, pursuant to a court order. You must complete a separate USM 285 form for each named defendant, giving the address where the U.S. Marshal can attempt to serve that defendant. No summons will be sent to you. You must provide a completed USM 285 form for each defendant named in your complaint.

### **Where to File**

Your complaint should be filed in this district only if one or more of the named defendants resides within this district or if the events upon which you base your complaint took place in this district. The following Illinois Correctional Centers are located in the Northern District of Illinois: Stateville, Joliet, Sheridan, and Dixon. A complaint filed in this court against officials at other state prisons may be subject to dismissal or transfer to the proper district. When these forms are properly completed, mail them to Prisoner Correspondent, United States District Court, 219 S. Dearborn Street, Chicago IL 60604. Complaints concerning claims arising at the Dixon Correctional Center should be sent to the Clerk, United States District Court, 327 S. Court Street, Rockford, IL 61101. Always keep the court informed of your address; failure to do so may result in dismissal of your case.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

\_\_\_\_\_ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
**U.S. Code** (state, county, or municipal defendants)

\_\_\_\_\_ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code** (federal defendants)

\_\_\_\_\_ **OTHER** (cite statute, if known)

***BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.***

**I. Plaintiff(s):**

- A. Name: \_\_\_\_\_
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: \_\_\_\_\_
- D. Place of present confinement: \_\_\_\_\_
- E. Address: \_\_\_\_\_

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- B. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: \_\_\_\_\_  
\_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_  
\_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

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**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

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VI. The plaintiff demands that the case be tried by a jury.  YES  NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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(Signature of plaintiff or plaintiffs)

(Print name)

(I.D. Number)

(Address)

## 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:

\_\_\_\_\_

\_\_\_\_\_

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 Number:
v.	)	
	)	
	)	Judge:
Defendant(s)	)	
	)	

**MOTION FOR ATTORNEY REPRESENTATION**

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

- 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.
- 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:

- 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.
- 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.

\_\_\_\_\_  
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	

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

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

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

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> )	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