

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS**

**Instructions For Prisoners Filing A Complaint  
Under The Civil Rights Act, 42 U.S.C. § 1983**

**Complaint:**

To start a lawsuit, you must submit an original copy of your complaint on the provided form. A file-marked copy will be returned to you for your records.

Your complaint must be legibly handwritten or typewritten. You must sign and swear to the complaint. If you need additional space to answer a question, you may use the back of the form or an additional blank page. But do not write in the margins. You only need to provide facts. *This complaint should not contain legal arguments or citations.*

Your complaint can be filed in this Court only if one or more of the named defendants is located within this district. *You must submit the address of each person you name as a defendant.* Without this information the U.S. Marshal cannot serve the defendant. You must submit a separate complaint for each claim that you have unless your claims are all related to the same incident or issue.

Do not attach proof of exhaustion to your complaint. Exhaustion of administrative remedies is an affirmative defense that must be raised and proven by the defendants. *Jones v. Bock*, 549 U.S. 199, 216 (2007).

**Filing Fee:**

The fee for filing this lawsuit is \$405. You should send payment, in full, with your complaint. In addition, the U.S. Marshal may require you to pay the costs of serving the complaint on each of the defendants. If you are unable to pay the filing fee and service costs for this action, you may seek *in forma pauperis* status.

### ***In Forma Pauperis:***

To seek permission to proceed *in forma pauperis*, you must file: (1) an *in forma pauperis* application, which must be completed and signed by you; and (2) a trust fund calculation sheet, which must be completed and signed by an authorized official where you are incarcerated. *Both forms, which are included with these instructions, must be properly completed.*

If *in forma pauperis* status is granted, you will be required to pay \$350 of the \$405 filing fee as follows:

First, an initial fee will be collected. The fee will be 20% of the *greater* of: (1) the average monthly deposits to your institutional account; or (2) the average monthly balance in your account for the six-month period immediately preceding the filing of the complaint. 28 U.S.C. § 1915(b)(1).

Thereafter, the balance of the \$350 fee will be collected in monthly installments taken from your institutional account. The payments will be 20% of the preceding month's income credited to your account, so long as the balance is \$10 or greater.

### **Three-Strike Rule:**

You cannot proceed *in forma pauperis* if you have had three or more prior federal cases or appeals dismissed as frivolous, malicious, or for failure to state a claim. There is one exception to this three-strike rule: if the prisoner is in imminent danger of serious physical injury, the rule doesn't apply. 28 U.S.C. § 1915(g).

### **Screening:**

Even if you have paid all or part of the filing fee, the Court must dismiss your case at any time if it determines that the action is: (1) frivolous or malicious; (2) fails to state a claim upon which relief may be granted; or (3) seeks monetary relief against a defendant who is immune from that relief. 28 U.S.C. § 1915(a)(2). If the case is dismissed for any of these reasons, there is no provision in the Act for a refund of any portion of the filing fee to you.

### **Local Rule 5.5(c)(2):**

Local Rule 5.5(c)(2) requires you to maintain a valid address with the Clerk

of Court. You must immediately notify the Clerk if you have any change in address or your lawsuit could be dismissed. You must prosecute your case diligently and monitor its progress. Importantly, you must respond to any Court order within thirty days. If you do not do so, your case could be dismissed.

**Non-Documentary Exhibits:**

You must have prior approval from the Court before submitting any non-documentary exhibits in support of your claims. Non-documentary exhibits must remain in the custody of the party until the trial or hearing unless otherwise directed by the Court. Any item received through the mail that is not a paper document, or that is potentially hazardous, will not be considered as evidence by the Court. Instead, the item will be immediately disposed of.

**Filing:**

All documents you want filed in the record must include the case name and number - and only one case name and number – at the top of the document. *Do not send one document to be filed in multiple cases.* Mail your documents to:

Clerk of Court  
Attn: *Pro Se* Clerk  
600 West Capitol Avenue, Room A149  
Little Rock, Arkansas 72201

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF ARKANSAS  
\_\_\_\_\_ DIVISION**

**CASE NO. \_\_\_\_\_**

**Jury Trial:  Yes  No  
(Check One)**

**I. Parties**

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: \_\_\_\_\_  
ADC # \_\_\_\_\_

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

Name of plaintiff: \_\_\_\_\_  
ADC # \_\_\_\_\_

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

Name of plaintiff: \_\_\_\_\_  
ADC # \_\_\_\_\_

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

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

Name of defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

Name of defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

Name of defendant: \_\_\_\_\_

Position: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

II. Are you suing the defendants in:

- official capacity only
- personal capacity only
- both official and personal capacity

III. Previous lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No \_\_\_

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

Parties to the previous lawsuit:

Plaintiffs: \_\_\_\_\_

\_\_\_\_\_

Defendants: \_\_\_\_\_

\_\_\_\_\_

- Court (if federal court, name the district; if state court, name the county):  
\_\_\_\_\_
- Docket Number: \_\_\_\_\_
- Name of judge to whom case was assigned: \_\_\_\_\_
- Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- Approximate date of filing lawsuit: \_\_\_\_\_
- Approximate date of disposition: \_\_\_\_\_

IV. Place of present confinement: \_\_\_\_\_  
\_\_\_\_\_

V. At the time of the alleged incident(s), were you:  
(check appropriate blank)

- \_\_\_\_\_ in jail and still awaiting trial on pending criminal charges
- \_\_\_\_\_ serving a sentence as a result of a judgment of conviction
- \_\_\_\_\_ in jail for other reasons (e.g., alleged probation violation, etc.)  
explain: \_\_\_\_\_  
\_\_\_\_\_

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

- A. Did you file a grievance or grievances presenting the facts set forth in this complaint?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes \_\_\_\_ No \_\_\_\_

If not, why? \_\_\_\_\_

\_\_\_\_\_

VII. Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, 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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VIII. 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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I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature(s) of plaintiff(s)



## **IMPORTANT NOTICE**

### **RE: AO 240 and Privacy Policy Redaction Requirements**

Federal Rule of Civil Procedure 5.2 regarding remote public electronic access to civil case files requires those filing documents to redact certain personal identifiers from documents before they are filed with the court. Social security numbers, taxpayer-identification numbers, and financial account numbers are to be redacted to the last four digits. The names of minor children are to be redacted to the initials, and dates of birth are to be redacted to the year. Exemptions to the redaction requirements can be found in F.R.Cv.P. 5.2(b).

Please be aware that this redaction requirement may impact the way in which the Application to Proceed Without Prepayment of Fees and Affidavit (AO 240) is completed. Question six of this form requests the following information: (1) persons dependant upon the applicant for support, (2) relationship of this person to the applicant, and (3) amount of support. Most often, minor children will be included in responding to this question. In order to comply with the privacy policy, only the initials of the minor should be on the form. Listing the age of the minor is acceptable; however, only the year of birth may be included. Pro se filers are responsible for completing the application in compliance with the privacy policy. The Clerk will not review each filing for redaction.

# UNITED STATES DISTRICT COURT

for the

Eastern District of Arkansas

_____ )	
Plaintiff/Petitioner )	
v. )	Civil Action No.
_____ )	
Defendant/Respondent )	

## APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: \_\_\_\_\_ .  
If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: \$ \_\_\_\_\_ , and my take-home pay or wages are: \$ \_\_\_\_\_ per  
(specify pay period) \_\_\_\_\_ .

3. *Other Income.* In the past 12 months, I have received income from the following sources (check all that apply):

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Business, profession, or other self-employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Rent payments, interest, or dividends          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Pension, annuity, or life insurance payments   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability, or worker's compensation payments  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts, or inheritances                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.*

4. Amount of money that I have in cash or in a checking or savings account: \$ \_\_\_\_\_ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (*describe the property and its approximate value*):

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (*describe and provide the amount of the monthly expense*):

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations (*describe the amounts owed and to whom they are payable*):

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

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

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
*Printed name*

**CERTIFICATE**  
(Prisoner Accounts Only)  
(To be Completed by the Institution of Incarceration)

I certify that the applicant named herein has the sum of \$ \_\_\_\_\_ on account to his/her credit at the \_\_\_\_\_ institution where he is confined.

I further certify that the applicant likewise has the following securities to his/her credit according to the records of said institution: \_\_\_\_\_

\_\_\_\_\_.

I further certify that during the past six months the applicant's average balance was \$ \_\_\_\_\_.

\_\_\_\_\_  
Date

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

**CALCULATION OF INITIAL PAYMENT OF FILING FEE**

(To be Completed by the Institution of Incarceration)

PLAINTIFF: \_\_\_\_\_

ADC NUMBER: \_\_\_\_\_

FEDERAL COURT CASE NUMBER (IF KNOWN): \_\_\_\_\_

Total deposits for last six (6) months: \$ \_\_\_\_\_

Average monthly deposit (total deposits divided by 6): \$ \_\_\_\_\_

Total balances for last six (6) months: \$ \_\_\_\_\_

Average monthly balance:  
(Total balances divided by 6) \$ \_\_\_\_\_

Current account balance: \$ \_\_\_\_\_

Initial payment of filing fee as of \_\_\_\_\_: \$ \_\_\_\_\_

(The greater of the average monthly deposit  
Or the average monthly balance x .20)

DATE: \_\_\_\_\_ AUTHORIZED OFFICIAL \_\_\_\_\_

(NO FILING FEE SHALL BE IN EXCESS OF  
\$350.00 FOR A CIVIL LAWSUIT  
OR  
\$605.00 FOR AN APPEAL)