

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS

INSTRUCTIONS FOR FILING COMPLAINT BY PRISONERS  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

This packet contains a complaint form and an in forma pauperis petition. To start an action, you must submit one original and two copies of your complaint. A file-marked copy will be returned to you file-marked for your records. All copies of the complaint must be identical to the original. You must submit one original and two copies of all subsequent pleadings.

You **MUST** submit the address of each person you name as a defendant. Without this information the U.S. Marshal cannot serve the defendant.

Your complaint will not be filed unless it conforms to these instructions and to these forms.

Your complaint must be legibly handwritten or typewritten. The plaintiff, or plaintiffs, must sign and swear to the complaint. If you need additional space to answer a question, you may use the reverse side of the form or an additional blank page.

Your complaint can be brought in this court only if one or more of the named defendants is located within this district. Further, it is necessary for you to submit a separate complaint for each claim that you have unless they are all related to the same incident or issue.

In order for this complaint to be filed, it must be accompanied by the fee of \$400. In addition, the U.S. Marshal will 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 petition the court to proceed in forma pauperis. Two blank petitions for this purpose are included in this packet. One copy should be submitted with your complaint; the other copy is for your records.

You will note that you are required to give facts. **THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.**

Under a local rule of this court, it is your obligation as a pro se plaintiff to inform the court at all times of your current mailing address. It is also your duty to prosecute your case diligently and monitor its progress. These obligations normally rest with attorneys in any case. However, because you are not represented by counsel, these duties will fall upon you personally.

Again, you are advised that you must promptly inform the court of any change of address. If you are presently incarcerated, inform the court immediately upon your release.

If the court does not receive a response within 30 days to any communication addressed to

you at the last address provided by you, the court will assume that you have no further interest in the case and may dismiss same without prejudice, upon motion of an adverse party or sua sponte (i.e., by the court acting on its own initiative).

When these forms are completed, mail the original and the copies to:

Pro Se Clerk  
600 West Capitol Avenue, Room A149  
Little Rock, Arkansas 72201

**NOTICE:** Pro se parties must have prior approval from the Court before submitting any non-documentary exhibits in support of their 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 and will be immediately disposed of.

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS

ADDITIONAL FILING INSTRUCTIONS FOR 42 U.S.C. § 1983 COMPLAINTS  
IN LIGHT OF THE PRISONER LITIGATION REFORM ACT

On April 16, 1996, the Prison Litigation Reform Act of 1995, Publ. L. No. 104-134, 110 Stat. 1321 (“the Act”) was enacted. The Act has amended various statutes affecting prisoner litigation including 28 U.S.C. § 1915, the statute governing in forma pauperis applications.

- . The Act has changed the requirements for prisoners who wish to bring a civil action or file an appeal in forma pauperis. Under the Act, even if a prisoner brings a civil action in forma pauperis, the prisoner must pay the full amount of the \$350 filing fee. [28 U.S.C. § 1915(b)(1)] Furthermore, even if the full filing fee or any portion thereof has been paid, the Court must dismiss the 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 such 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 the prisoner.
- . Under the Act, in order for the Court to determine how the \$350 filing fee will be paid, the prisoner is required to submit a certified copy of his/her Inmate Trust Fund Account Statement for the six (6) month period immediately preceding the filing of the Complaint. [28 U.S.C. § 1915(a)(2)] The district court must “assess and, when funds exist, collect, as a partial payment of any court fees required by law, an initial filing fee of 20 percent of the greater of – (A) the average monthly deposits to the prisoner’s account; or (B) the average monthly balances in the prisoner’s account for the 6-month period immediately preceding the filing of the complaint ...” [28 U.S.C. § 1915(b)(1)]
- . After the initial partial filing fee is paid, the prisoner is “required to make monthly payments of 20 percent of the preceding month’s income credited to the prisoner’s account. The agency having custody of the prisoner shall forward payments from the prisoner’s account to the clerk of the court each time the amount in the account exceeds \$10 until the filing fees are paid.” Id. [28 U.S.C. § 1915(b)(2)] The Act also provides that in no event shall a prisoner be prohibited from bringing a civil action because he “has no assets and no means by which to pay the initial partial filing fee.” Id. [28 U.S.C. § 1915(b)(4)]
- . 3-DISMISSAL RULE: The Act also provides that in forma pauperis status may not be granted if the prisoner has had 3 or more prior federal action or appeals dismissed as frivolous, malicious or for failure to state a claim. However, there is one exception to this 3-Dismissal rule: if the prisoner is in imminent danger of serious physical injury. [28 U.S.C. § 1915(g)]
- . EXHAUSTION REQUIREMENTS: The Act also includes a change to 42 U.S.C. § 1997e(a) to provide that no prison conditions action “shall be brought ... until such administrative remedies as are available are exhausted.” When filing a prison conditions lawsuit in this court, prisoners must supply proof of exhaustion by including a copy of the response at the last step of the grievance process. For Arkansas Department of Correction inmates that last step is the response from the Director.

**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.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VIII. Relief

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

---

---

---

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

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

---

---

---

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

## EASTERN DISTRICT OF ARKANSAS

Plaintiff

v.

Defendant

### APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

CASE NUMBER:

I, \_\_\_\_\_ declare that I am the (check appropriate box)

petitioner/plaintiff/movant                       other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

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

1. Are you currently incarcerated?             Yes                       No                      (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past **six** months' transactions.

2. Are you currently employed?             Yes                       No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment             Yes                       No
- b. Rent payments, interest or dividends                       Yes                       No
- c. Pensions, annuities or life insurance payments             Yes                       No
- d. Disability or worker's compensation payments             Yes                       No
- e. Gifts or inheritances     Yes                       No
- f. Any other sources     Yes                       No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

- 
- 
4. Do you have **any** cash or checking or savings accounts?  Yes  No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

---

Date

Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed IFP shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**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  
\$505.00 FOR AN APPEAL)