

INSTRUCTIONS FOR FILING A COMPLAINT

To bring an action in the U.S. District Court for the Northern District of New York, you must file one original complaint and provide the Clerk with a copy of your complaint for each defendant named. All copies of the original complaint must be identical. You also should keep a copy for your own records.

There is a **\$350.00 filing fee** required in order to maintain an action in federal court. If you are unable to pay the filing fee and cost of service of this case, you may request that the Court allow you to proceed “in forma pauperis.” If there is more than one plaintiff to an action, each plaintiff named must file a separate “Application to Proceed In Forma Pauperis.” **The Clerk cannot accept for filing a complaint that is not accompanied by either the full filing fee or a completed in forma pauperis application.**

- You may file this complaint with our Court only if one or more of the defendants is located within this district.
- You are required to furnish the correct name and address of each person you have named as defendant.
- You must file a separate complaint for each claim **unless** all of your claims relate to the same incident or issue.
- You must include allegations of wrongful conduct as to all defendants named in your complaint.
- Your complaint must be legibly handwritten or typed.
- You are required to give facts supporting each of your claims against each of the defendants in your complaint, and you must sign this document and declare under penalty of perjury that the facts are correct. All plaintiffs must sign the complaint individually.
- Your complaint should not contain legal arguments or case citations.
- You will also have to fill out other documents, such as a summons, a civil cover sheet, USM-285 forms, etc., in order to maintain an action in this district.

If you need additional space to answer a question, you may use additional sheets of paper. When these forms are completed, mail the original complaint and sufficient copies of same to:

Lawrence K. Baerman, Clerk
U.S. District Court
Federal Building, P.O. Box 7367
100 S. Clinton Street
Syracuse, New York 13261-7367

**UNITED STATES DISTRICT COURT
FOR THE
NORTHERN DISTRICT OF NEW YORK**

NOTICE

Amended August 6, 2004

Effective *January 1, 2004*, the Office of the Clerk will accept electronically-filed documents and will make the content of those documents available on the Court's Internet webpage via PACER (Public Access to Court Electronic Records). Any subscriber to PACER will be able to read, download, store and print the full contents of the electronically-filed documents. The Clerk's Office is not posting documents sealed or otherwise restricted by court order (*See also General Order #22*).

You should not include sensitive information in any document filed with the Court unless such inclusion is necessary and relevant to the case. You must remember that any personal information not otherwise protected will be made available over the Internet via PACER. If sensitive information must be included, the following personal identifiers must be partially redacted from the document, whether it is filed traditionally or electronically:

- ✓ **Social Security Numbers.** If an individual's social security number must be included in a document, only the last four digits of that number should be used.
- ✓ **Names of Minor Children.** If the involvement of a minor child must be mentioned, only the initials of that child should be used.
- ✓ **Dates of Birth.** If an individual's date of birth must be included in a document, only the year should be used.
- ✓ **Financial Account Numbers.** If financial account numbers are relevant, only the last four digits of these numbers should be used.
- ✓ **Home Addresses.** If home addresses must be used, use only the City and State.

In compliance with the E-Government Act of 2002, a party wishing to file a document containing the personal data identifiers listed above may:

- a. file an unredacted version of the document under seal, or
- b. file a reference list under seal. The reference list shall contain the complete personal data identifier(s) and the redacted identifier(s) used in its (their) place in the filing. All references in the case to the redacted identifiers included in the reference list will be construed to refer to the corresponding complete personal data identifier. The reference list must be filed under seal, and may be amended as of right.

The unredacted version of the document or the reference list shall be retained by the court as part of the record. The court may, however, still require the party to file a redacted copy for the public file. In addition, exercise caution when filing documents that contain the following:

- ◆ personal identifying number, such as a driver's license number
- ◆ medical records, treatment and diagnosis
- ◆ employment history
- ◆ individual financial information
- ◆ proprietary or trade secret information
- ◆ information regarding an individual's cooperation with the government

Counsel is strongly urged to share this notice with all clients so that an informed decision about the inclusion, redaction and/or exclusion of certain materials may be made. **It is the sole responsibility of counsel and the parties** to be sure that all documents comply with the rules of this Court requiring redaction of personal identifiers. The Clerk will not review each document for compliance with this rule. (*See also NDNY Local Civil Rule 8.1 and Criminal Rule 12.1(g)*)

SAMPLE FORMS

You may use the following sample forms in initiating your lawsuit.

1. Waiver of Service of Summons 1A
2. Waiver of Service of Summons 1B
3. Duty to Avoid Unnecessary Costs of Service of Summons
4. Motion for Appointment of Counsel
5. Affidavit of Service by Mail
6. Certificate of Service by Mail
7. Application to Proceed Without Pre-Payment of Filing Fee
8. JS44 Civil Cover Sheet

Sample Complaint Forms are available on the Representing Yourself in Federal Court page of the courts web-site: www.nynd.uscourts.gov

**UNITED STATES DISTRICT COURT
FOR THE
NORTHERN DISTRICT OF NEW YORK**

Form 1A. Notice of Lawsuit and Request for Waiver of Service of Summons

To: (A) _____

[as (B) _____ of (C) _____]

A lawsuit has been commenced against you (or the entity on whose behalf you are addressed). A copy of the complaint is attached to this notice. It has been filed in the United States District Court for the (D) Northern District of New York and assigned docket number (E) _____ CV _____.

This is not a formal summons or notification from the court, but rather my request that you sign and return the enclosed waiver of service in order to save the cost of serving you with a judicial summons and an additional copy of the complaint. The cost of service will be avoided if I receive a signed copy of the waiver within (F) _____ days after the date designated below as the date on which this Notice and Request is sent. I enclose a stamped and addressed envelope (or other means of cost-free return) for your use. An extra copy of the waiver is also attached for your records.

If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served on you. the action will then proceed as if you had been served on the date the waiver is filed, except that you will not be obligated to answer the complaint before **60** days from the date designated below (or before 90 days from that date if your address is not in any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will take appropriate steps to effect formal service in a manner authorized by the Federal Rules of Civil Procedure and will then, to the extent authorized by those Rules, ask the court to require you (or the party on whose behalf you are addressed) to pay the full costs of such service. In that connection, please read the statement concerning the duty of parties to waive the service of the summons, which is set forth on the reverse side (or at the foot) of the waiver form.

I affirm that this request is being sent to you on behalf of the plaintiff, this ____ day of _____ 20__.

Signature of Plaintiff's Attorney or Unrepresented Plaintiff

NOTES:

A - Name of individual defendant (or name of officer or agent of corporate defendant)

B - Title, or other relationship of individual to corporate defendant

C - Name of corporate defendant, if any

D - District

E - Docket number of action

F - Addressee must be given at least thirty (30) days (Sixty (60) days if located in foreign country) in which to return waiver

**UNITED STATES DISTRICT COURT
FOR THE
NORTHERN DISTRICT OF NEW YORK**

Form 1B. Waiver of Service of Summons

To: _____
(Name of Plaintiff's Attorney or Unrepresented Plaintiff)

I acknowledge receipt of your request that I waive service of summons in the action of _____, which is case number _____ CV _____ in the United States District Court for the Northern _____ (Docket N umber)

District of New York. I have also received a copy of the complaint in the action, two (2) copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided in Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within SIXTY (60) days after _____, or within NINETY (90) days after the date if the request

(date request was sent)

was sent outside the United States.

(Date) (Signature)

Printed/typed name: _____

[as _____]

[of _____]

Duty to Avoid Unnecessary Costs of Service of Summons
(Please refer to the reverse side of this form for information on your Duty to Avoid
Unnecessary Costs of Service of Summons)

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who, after being notified of an action and asked by a plaintiff located in the United States to waive service of a summons, fails to do so will be required to bear the cost of such service unless good cause can be shown for its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any relating to the summons or the service of the summons), and may later object to the jurisdiction of the court or the place where the action has been brought.

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney (or unrepresented plaintiff) a response to the complaint and must also file a signed copy of the response within the court. If the answer or motion is not served within this time, a default judgment may be taken against that defendant. By waiving service, a defendant is allowed more time to answer than if the summons had been actually served when the request for waiver of service was received.

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK**

)	
Plaintiff(s))	Civil Case No.:
)	
vs.)	
)	
)	
Defendant(s))	

MOTION FOR APPOINTMENT OF COUNSEL

- (A) I hereby request a court-appointed attorney to represent me in this action.
- (B) I have contacted the following attorneys in my effort to obtain counsel:

NOTE: You must first attempt to find an attorney on your own before you file a motion for appointment of counsel with the Court. *See Terminate Control Corp. v. Horowitz*, 28 F.3d 1335 (2d Cir. 1994).

- (C) I have attached to this motion the correspondence I have received from the attorneys listed above.
- (D) The reasons I believe I should be appointed counsel pro bono are as follows:

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

DATED:

Signature of Plaintiff

AFFIDAVIT OF SERVICE BY MAIL

State of New York :
County of _____ : SS:

I, _____, being duly sworn, deposes and says: that I am the plaintiff herein and served a copy of the following document(s):

_____ (Specify document(s))
on _____ (Name of person/Addressee)
at: _____ (Address to which document(s))
_____ were sent)

by mailing and depositing a true and correct copy of said document(s) in a mailbox located at: _____,
on the following date: _____, 200__.

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

DATED: _____
Signature of Plaintiff

Sworn to before me this _____ day of _____, 200__.

Notary Public

CERTIFICATE OF SERVICE BY MAIL

State of New York :

SS:

County of _____ :

I, _____, hereby certify that I am the plaintiff herein and served a copy of the following document(s):

_____ (Specify document(s))

on _____ (Name of person/Addressee)

at: _____ (Address to which document(s)

_____ were sent)

by mailing and depositing a true and correct copy of said document(s) in a mailbox located

at: _____,

on the following date: _____, 200 .

I certify that the foregoing is true and correct.

DATED:

Signature of Plaintiff

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK**

Plaintiff(s)

v.

Defendant(s)

**APPLICATION TO PROCEED
WITHOUT FULL PREPAYMENT
OF FEES; AFFIDAVIT AND
AUTHORIZATION FORM**

CASE NUMBER:

I, _____ declare that I am (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 U.S.C. § 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? Yes No

Do you receive any payment from same? Yes No

Notice to Inmates: The Certificate Portion Of This Affidavit Must Be Completed.

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 the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?
- | | | | | | |
|----|--|--------------------------|-----|--------------------------|----|
| 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. | Pensions, annuities or life insurance payments | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. | Disability or workers 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 the answer to any of the above is "Yes" describe each source of money and state the amount received **and** what you expect you will continue to receive.

4. Do you have any cash, 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 assets**? Yes No
 If "Yes" describe the property and state its value (Attach additional sheets as necessary):

6. List the person(s) 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

CERTIFICATE

(To be completed by appropriate official at institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at (Name of Institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____

I further certify that **during the past six(6) months** the applicant's average balance was \$ _____

 DATE SIGNATURE OF AUTHORIZED OFFICER

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 THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (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 LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

1 U.S. Government Plaintiff

2 U.S. Government Defendant

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

4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)
(For Diversity Cases Only)

PTF	DEF	PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	Incorporated <i>or</i> Principal Place of Business In This State	<input type="checkbox"/> 1 <input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	Incorporated <i>and</i> Principal Place of Business In Another State	<input type="checkbox"/> 2 <input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 3 <input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

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 (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment 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	PERSONAL INJURY <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 PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <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"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <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)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<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"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <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"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <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		

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

7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): _____

Brief description of cause: _____

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$ _____

CHECK YES only if demanded in complaint:
JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE _____ DOCKET NUMBER _____

DATE _____ SIGNATURE OF ATTORNEY OF RECORD _____

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

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.C.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; 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 clerks 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 seven 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.

Appeal to District Judge from Magistrate Judgment. (7) Check this box for an appeal from a magistrate judge's decision.

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. 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 dollar amount (in thousands of dollars) 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.

VIII. 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.

Date and Attorney Signature. Date and sign the civil cover sheet.