

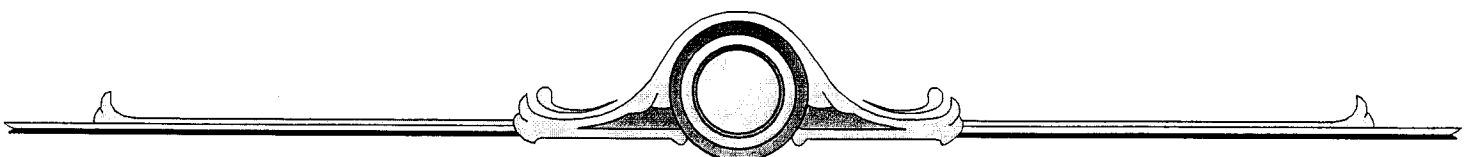
**BEFORE YOU SUBMIT PAPERS TO THE UNITED STATES  
DISTRICT COURT CLERK'S OFFICE FOR THE NORTHERN  
DISTRICT OF NEW YORK, ASK YOURSELF THESE  
QUESTIONS:**

- 1.) Did I remember to serve a copy of **ANY/ALL** papers in opposition and did I include an affidavit or certificate of service? This also applies to changes of address. (See Federal Rule of Civil Procedure 5.)
- 2.) Supplemental papers, regardless if they relate to your complaint, petition, or motion, require prior Court **PERMISSION** to be filed.
- 3.) Did I get **PERMISSION** from the Court to file a reply in response to opposition papers?
- 4.) If I am requesting **ANY** relief from the Court, did I remember to put my request in the form of a motion pursuant to Local Rule 7.1? Does my motion have all the necessary supporting papers? (E.g Memorandum of Law, Supporting Affidavit, etc).
- 5.) If I am filing a motion to amend my complaint, did I remember to attach a copy of my proposed amended complaint to the motion? (See Local Rule 7.1(a)(4).)

**REMEMBER:**

- Pursuant to Local Rule 26.2, parties must not file discovery material unless ordered by the Court or in support of a motion to compel.
- A reply to an answer is *not* authorized.

**IF THE ABOVE PROCEDURES ARE NOT FOLLOWED, YOUR  
PAPERS WILL BE REJECTED BY THE COURT!!!**



UNITED STATES DISTRICT COURT  
FOR THE  
NORTHERN DISTRICT OF NEW YORK

**IMPORTANT NOTICE TO INCARCERATED, PRO SE PARTIES**

The Federal Judiciary now makes documents available electronically through the Court's Case Management Electronic Case Filing System (CMECF). **Documents filed by Pro Se parties will be electronically scanned and uploaded into CMECF.** The content of those documents will also be made 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.

**It is the sole responsibility of the pro se litigant and/or counsel 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))**

**Papers not in compliance with this rule may be rejected.**

## ⇒ CRITICAL NOTICE ⇐

- ◆ ALL parties to an action, including individuals appealing pro se, are required to comply with all of the Federal and Local Rules of Civil Procedure when filing documents with the Court.
- ◆ These rules are available at the County Law Libraries, Correctional Institutions, and from the Clerk's Office.
- ◆ Some key provisions of the rules relating to motion practice include the following:
- ◆ ALWAYS send identical copies of documents you send to the Court to your adversary or their counsel and indicate this fact in your document.
- ◆ ALL motions<sup>1</sup> must be accompanied by the following in order for the Court to consider your motion:
  1. A **notice of motion** containing a return date - and -
  2. A **memorandum of law** containing relevant factual and legal argument - and -
  3. one or more **affidavits** in support of your motion.
- ◆ Specific types of motions require additional supporting papers:
  1. **Discovery motions** - Detailed discussion of how you tried to resolve your discovery dispute before you filed your motion.
  2. **Orders to show cause** - An affidavit containing a clear and specific showing which demonstrates that the typical procedures utilized in the filing of motions may not be used for this particular motion.
  3. **Requests for temporary restraining order (TRO) or other injunctive relief** - an order to show cause or notice of motion clearly stating the date and time for the hearing on your motion.
  4. **Summary judgment motions** - a short and concise statement of material facts as to which there are no genuine issues in dispute.
- ◆ Ex parte applications (requests made without notice to the other side) are rarely permitted by the District.

**YOUR MOTION CAN BE DENIED OR RETURNED UNFILED**  
**IF YOU FAIL TO FOLLOW**  
**THE FEDERAL AND LOCAL RULES OF CIVIL PROCEDURE**

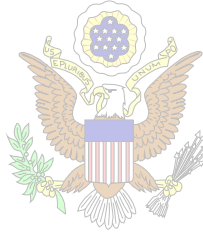
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<sup>1</sup>Limited exceptions to this Rule are discussed in Local Rule 7.1(c).

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

JOHN M. DOMURAD  
Clerk

DAN MCALLISTER  
Chief Deputy



James M. Hanley Federal Building  
P.O. Box 7367, 100 S. Clinton St.  
Syracuse, New York 13261-7367  
(315) 234-8500

NOTICE OF CHANGE OF ADDRESS

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, have changed my mailing address. Please file this notice  
in case(s): \_\_\_\_\_.

My new address is:

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

Name: \_\_\_\_\_  
(signature)

## INSTRUCTIONS FOR FILING A COMPLAINT

Observe the following instructions for completing a complaint and commencing your federal court action in the Northern District of New York. Generally speaking, a civil action may be filed in this Court only if one or more of the defendants resides here in the Northern District of New York or if "a substantial part" of the events or omissions giving rise to your claims occurred in this District. See 28 U.S.C. § 1391.

**1. Prison Grievance Procedures:** Prisoners filing an action in federal court regarding prison conditions must first exhaust available administrative remedies (such as the prison's grievance procedures). See 42 U.S.C. § 1997e(a). Your case may be dismissed if you have not exhausted your administrative remedies before filing your action in federal court.

**2. Contents:** The form complaint should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8½ by 11 paper to your complaint. You should not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature. The complaint does not need to be notarized.

**3. Defendants, Facts, and Claims:** You must identify each defendant by name and provide factual allegations of wrongful conduct by each defendant. For example, if you are suing a correctional officer who allegedly violated your rights, state the officer's name, the date and location of the incident and how the officer was involved in the alleged wrongdoing. If a defendant's name is not known, refer to the defendant as "Doe" and provide as much identifying information as you can (e.g., "John Doe, Sgt., Mohawk Correctional Facility, B-Block, 7 a.m. to 3 p.m. shift on May 1, 2015."). You must also briefly describe each claim you are seeking to assert and the defendants against whom each claim is asserted.

**4. Copies:** You must send the Clerk of the Court the complaint with your original signature. You should keep a copy for your records. If your complaint survives the Court's initial review, you will be directed to provide additional exact copies of the complaint for service of process. Copies can be photocopied, handwritten, or typewritten, but all copies must be identical to the original.

**5. Fee:** The filing fee to maintain an action in federal court is currently \$400, payable to the Clerk of the Court, USDC, NDNY by certified check, bank check, or money order. If filing in person, you may also pay by cash. If you are granted in forma pauperis ("IFP") status (see below) and are a prisoner, the filing fee is \$350 and is payable over time in installments from funds available in your inmate account.

**6. Inability to Pay the Fee:** If you cannot pay the fee, you may apply to the Court to proceed IFP pursuant to 28 U.S.C. § 1915 by completing an IFP application. If you are a prisoner, the IFP application must be certified by an appropriate official at your facility; you must also sign and submit an Inmate Authorization. A prisoner who has, on three or more occasions while incarcerated or detained, brought an action or appeal in a federal court that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, may not be granted IFP status in a subsequent action unless the prisoner is under imminent danger of serious physical injury when the action is commenced. See 28 U.S.C. § 1915(g).

**7. Service of Process:** If you do not have IFP status, you will be responsible for service of process on the defendants in accordance with the Federal Rules of Civil Procedure. See Fed. R. Civ. P. 4. If you are granted IFP status, the U.S. Marshal will be directed to serve the defendants on your behalf.

**8. Filing:** When you have completed the forms, mail the originals to:

JOHN DOMURAD, CLERK  
United States District Court  
Federal Building, P.O. Box 7367  
100 S. Clinton Street  
Syracuse, New York 13261-7367

Keep this page and a copy of the complaint for your records.

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

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\_\_\_\_\_,  
Plaintiff(s),  
v.  
\_\_\_\_\_,  
Defendant(s).

**COMPLAINT**  
(Pro Se Prisoner)

**Case No.** \_\_\_\_\_  
(Assigned by Clerk's  
Office upon filing)

**Jury Demand**  
 Yes  
 No

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore **not** contain: an individual's social security number, taxpayer identification number, or birth date; the name of a person known to be a minor; or a financial account number. A filing may include *only*: the last four digits of a social security number or taxpayer-identification number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Fed. R. Civ. P. 5.2.

**I. LEGAL BASIS FOR COMPLAINT**

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution and laws of the United States. Indicate below the federal basis for your claims.

- 42 U.S.C. § 1983 (state, county, or municipal defendants)
- Bivens v. Six Unknown Federal Narcotics Agents*, 403 U.S. 388 (1971) (federal defendants)
- Other (please specify) \_\_\_\_\_

**II. PLAINTIFF(S) INFORMATION**

Name: \_\_\_\_\_  
Prisoner ID #: \_\_\_\_\_  
Place of detention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Indicate your confinement status when the alleged wrongdoing occurred:

- Pretrial detainee
- Civilly committed detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Immigration detainee

Provide any other names by which you are or have been known and any other identification numbers associated with prior periods of incarceration:

\_\_\_\_\_

If there are additional plaintiffs, each person must provide all of the information requested in this section and must sign the complaint; additional sheets of paper may be used and attached to this complaint.

**III. DEFENDANT(S) INFORMATION**

Defendant No. 1: \_\_\_\_\_  
Name (Last, First)  
\_\_\_\_\_  
Job Title  
\_\_\_\_\_  
Work Address  
\_\_\_\_\_  
City State Zip Code

Defendant No. 2: \_\_\_\_\_  
Name (Last, First)  
\_\_\_\_\_  
Job Title

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Work Address

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City State Zip Code

Defendant No. 3:

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Name (Last, First)

---

Job Title

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Work Address

---

City State Zip Code

Defendant No. 4:

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Name (Last, First)

---

Job Title

---

Work Address

---

City State Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

**IV. STATEMENT OF FACTS**

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)





asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

**FIRST CLAIM**

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**SECOND CLAIM**

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**THIRD CLAIM**

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**VI. RELIEF REQUESTED**

State briefly what relief you are seeking in this case.

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff's signature  
(All plaintiffs must sign the complaint)

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

\_\_\_\_\_  
Plaintiff(s)

v.

\_\_\_\_\_  
Defendant(s)

**APPLICATION TO PROCEED  
WITHOUT FULL PREPAYMENT  
OF FEES IN ACTIONS COMMENCED  
PURSUANT TO 42 U.S.C. § 1983**

CASE NUMBER: \_\_\_\_\_

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

plaintiff/movant                       other

in the above-entitled proceeding and 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/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 Question No. 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 In Accordance With Rule 5.4(b)(1)(A) Of The Local Rules Of Practice For This Court OR You Must Include, Along With This Affidavit, Certified Copies Of Your Inmate Account Statement For The Last Six Months In Accordance With 28 U.S.C. § 1915(a)(2)**

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       Yes       No
  - b. Rent payments, interest, or dividends       Yes       No
  - c. Pensions, annuities, or life insurance payments       Yes       No
  - d. Disability or workers 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 each source of money and state the amount received and what you expect you will continue to receive. (Attach additional pages if necessary.)

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 pages if 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. (Attach additional pages if necessary.)

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 months the applicant's average balance was \$ \_\_\_\_\_.

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 SIGNATURE OF AUTHORIZED OFFICER

# INMATE AUTHORIZATION

I, \_\_\_\_\_, authorize the agency holding me in custody to send to the Clerk of the United States District Court for the Northern District of New York ("Clerk"), at his request, certified copies of statements of my trust fund account (or institutional equivalent) at the institution where I am currently incarcerated.

If I have not been incarcerated at my current place of confinement for at least six (6) months, I authorize such agency to provide said Clerk, at his request, with copies of such account statements from the institution(s) in which I had previously been incarcerated.

I further request and authorize the agency holding me in custody to calculate, encumber and/or disburse funds from my trust fund account (or institutional equivalent) in the amounts specified by 28 U.S.C. § 1915(b). This authorization is furnished in connection with the commencement of the civil action submitted herewith (or noted below), and I understand that the total filing fee which I am obligated to pay is \$350.00. I also understand that this fee will be debited from my account regardless of the outcome of my lawsuit. This authorization shall apply to any other agency into whose custody I may be transferred.

**→ Signature:** \_\_\_\_\_  
★ **NOTE:** You must sign your name on the above line.★

FOR OFFICIAL USE ONLY -- DO NOT WRITE BELOW THIS LINE

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Name and DIN Number: \_\_\_\_\_  
Civil action number: \_\_\_\_\_  
Short name of case: \_\_\_\_\_

**UNITED STATES DISTRICT COURT**

for the

Northern District of New York

_____	)	
<i>Plaintiff</i>	)	
	)	
v.	)	Civil Action No.
	)	
_____	)	
<i>Defendant</i>	)	

**SUMMONS IN A PRO SE CIVIL ACTION**

To: *(Defendant's name and address)*

A lawsuit has been filed against you.

Within 60 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Lawrence K. Baerman  
\_\_\_\_\_  
*Clerk of Court*

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

\_\_\_\_\_  
*Signature of 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:

# 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
- 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)

- |   |                            |                            |   |                            |                            |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
|   | <b>PTF</b>                 | <b>DEF</b>                 |   | <b>PTF</b>                 | <b>DEF</b>                 |
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <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 (Excludes 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	<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"/> 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
<b>REAL PROPERTY</b> <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	<b>CIVIL RIGHTS</b> <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	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <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

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 RULE 23, F.R.Cv.P.      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 to Plaintiffs for Completing USM-285 Form**  
**(Marshals Form titled "Process Receipt and Return")**

Type or print legibly; you're making 5 copies. The following refer to the numbered spaces on the sample form attached.

1. Fill in your full name.
2. This space is for the first defendant named in your complaint.
3. The case number assigned by the clerk of the court is entered here. If no case number has been assigned, leave this space blank.
4. Type of process: fill in "Summons and Complaint".
5. Fill in the name of the individual defendant to be served by the Marshal; a **separate USM-285 Form must be completed for each defendant**. If you submit multiple USM-285 Forms for service on several defendants, the information in spaces 1-4 will be identical; the information in space 5 will change with each defendant.
6. The address/location of the defendant in space #5 should be entered in this space. It is not the Marshals' responsibility to locate your defendant.
7. Your name and address should be entered here. The US Marshals Service will send the return of service to you at this address.
8. This space at #8 is to be left blank.
9. This space at #9 is to be left blank.
10. This space at #10 is to be left blank.
11. Include any special instructions for service in this space.
12. Your signature goes here.
13. Check the box by "Plaintiff".
14. Enter your telephone number, if you have one.
15. Include the date you signed this form in this space.

**Failure to provide complete and accurate information in these spaces will delay service of your summons and complaint.**

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <b>1</b>	COURT CASE NUMBER <b>3</b>
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DEFENDANT <b>2</b>	TYPE OF PROCESS <b>4</b>
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**SERVE** **AT** **5**  
 NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**6**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>7</b>	Number of process to be served with this Form - 285	<b>8</b>
	Number of parties to be served in this case	<b>9</b>
	Check for service on U.S.A.	<b>10</b>

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

**11**

Signature of Attorney or other Originator requesting service on behalf of: <b>12</b>	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT <b>13</b>	TELEPHONE NUMBER <b>14</b>	DATE <b>15</b>
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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. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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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 or 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 the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service _____ Time _____ am 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
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REMARKS: