

CIVILIAN *PRO SE* FORMS PACKET

(*Pro Se* plaintiff is NOT incarcerated)

- A. PRIVACY NOTICE (Local Rule 5.2 – Personal Privacy Protection)
- B. CIVIL COVER SHEET AND INSTRUCTIONS
- C. SUMMONS IN A CIVIL ACTION AND PROOF OF SERVICE
 - 1. Summons in a *Pro Se* civil action – Plaintiff has IFP status and complaint will be served by the USMS.
 - 2. Summons in a *Pro Se* civil action – Plaintiff paid the filing fee
- D. DOCUMENTS PERTAINING TO WAIVER OF SERVICE OR SUMMONS
 - FORM 1A Notice of Lawsuit and Request for Waiver of Service of Summons
 - FORM 1B Waiver of Service of Summons
- E. UNITED STATES MARSHAL FORM USM-285 AND INSTRUCTIONS to assist the *Pro Se* plaintiff with IFP status in filling out his/her own forms. Use the USM-285 form provided by the Clerk's office.
- F. *PRO SE* NOTICE – this notice must be signed on the 2nd page and returned with the completed forms.
- G. FORM COMPLAINTS (Choose one of the following form complaints that best describes the statute that applies to your case)
 - 1. Civil Rights Complaint pursuant to 42 U.S.C. §1983
 - 2. Civil Complaint pursuant to Title VII of the Civil Rights Act as Amended
 - 3. Complaint for Employment Discrimination based upon AGE
 - 4. Complaint pursuant to the Americans with Disabilities Act
 - 5. Bivens action
- H. APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES.
- I. MOTION FOR APPOINTMENT OF COUNSEL
- J. PROOF OF SERVICE
 - 1. Affidavit of Service by Mail
 - 2. Certificate of Service by Mail

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

PRIVACY NOTICE

The Federal Judiciary makes documents available electronically through the Court's Case Management Electronic Case Filing System (CM/ECF). **Documents filed by Pro Se parties will be electronically scanned and uploaded into CM/ECF.** 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 and Taxpayer Identification Numbers.** If an individual's social security number or taxpayer identification 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.
- ✓ **Names of Sexual Assault Victims:** If the involvement of a sexual assault victim must be mentioned, use only information that does not tend to identify the victim, redacting the name to "Victim 1", "Victim 2", etc.

It is the sole responsibility of the pro se litigant and/or counsel to be sure that all documents comply with the Federal Rules and the rules of this Court requiring redaction of personal identifiers. **The Clerk will not review each document for compliance with this rule.** See Fed.R.Civ.P. Rule 5.2 and Civil Local Rule 5.2 for civil cases and Fed.R.Crim.P. Rule 49 and Criminal Local Rule 49.1 for criminal cases for the complete rule. **Papers not in compliance with this rule may be stricken from the record.**

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)

- | | | | | | |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| | PTF | DEF | | PTF | DEF |
| 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)

Click here for: [Nature of Suit Code Descriptions.](#)

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	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 <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <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 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"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <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 IMMIGRATION <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 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 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"/> 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 (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <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
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"/> 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	Habeas Corpus: <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 Other: <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 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.Cv.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; **NOTE: 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 there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- 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.
 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 – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
 Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket. **PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7.** Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- 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 actual dollar amount 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.

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 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:

**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 _____
(Docket Number)

in the United States District Court for the Northern 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 _____]

Form 1B

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.

**Instructions to Plaintiffs for Completing USM-285 Form
(U.S. Marshal’s Form entitled “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 name.
2. This space is for the first defendant named in your complaint.
3. The case number will be assigned by the Clerk of the Court. If no case number has been assigned yet, 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(s).**
7. Your name and address should be entered here. The U.S. Marshal 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 the form in this space.

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

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

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

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*):

11)

Signature of Attorney other Originator requesting service on behalf of: 12)	<input type="checkbox"/> PLAINTIFF 13) <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 14)	DATE 15)
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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 for 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
--	------------------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
---	------	---

Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy
---	-------------------------------------

Service Fee _____	Total Mileage Charges (<i>including endeavors</i>) _____	Forwarding Fee _____	Total Charges _____	Advance Deposits _____	Amount owed to U.S. Marshal* or (Amount of Refund*) _____
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REMARKS

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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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 for 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
--	------------------------	---------------------------------	--------------------------------	--	------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy
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Costs shown on [attached USMS Cost Sheet](#) >>

REMARKS

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

Pro Se Notice

Court records indicate you have elected to pursue or defend an action in this Court without the assistance of an attorney. Although the Court Clerk's Office is here to assist you with your filings, it is important to note that, by statute, **Clerk's Office personnel are prohibited from giving legal advice.**¹

Clerk's Office personnel are not allowed to:

- Discuss the merits of your case or any specific claim or defense;
- Discuss the application of statutes, rules or case law to individual claims or defenses;
- Express an opinion on the validity of a claim or defense or the proper forum or jurisdiction in which you should bring your claims;
- Discuss the "best" procedure to accomplish a particular objective;
- Transmit any information to a Judicial Officer except as provided in the applicable statutes and local rules;
- Interpret the meaning or effect of any order, judgment or rules of the Court.

Clerk's Office personnel are allowed to:

- Give you basic case information contained within the public case file (for example, public documents filed and the dates they were filed, public scheduling notices, etc.);
- Show you the various Local Rules, General Orders or other publicly available statements of Court operations without giving you an interpretation of their meaning or effect;
- Provide you with Court-approved forms and guidance materials (for example, Pro Se Manual, Local Rules, General Orders, etc.). Court personnel can also provide guidance in filling out the form but cannot tell you what information you should provide on the form;
- Provide you with information regarding general deadlines and due dates without specific reference to your case. You are responsible for deadlines and due dates applicable to your case.

¹ Section 955 of Title 28 of the United States Code specifically precludes the Clerk and Deputy Clerks from practicing law in any Court of the United States.

IMPORTANT REMINDERS

- When you submit papers to the Court, you must also serve a copy on every party in the action. Local Rule (“L.R.”) 5.1(a).
- You must immediately notify the Court of any change of address. L.R. 10.1(c)(2). Your failure to notify the Court of a change of address may result in the involuntary dismissal of your case for failure to prosecute. Fed. R. Civ. P. 41(b); L.R. 41.2(b).
- Unless the Court specifically directs otherwise, you should not file discovery materials (for example, interrogatories and document requests) with the Court except as necessary to support a motion. L.R. 26.2.
- If your opponent files a motion and you fail to oppose it, and the moving party has met its burden, the Court may consider your failure to oppose the motion as your consent to the relief requested in that motion. L.R. 7.1(a)(3).
- If your opponent files a motion for summary judgment, it shall contain a Statement of Material Facts. Among other things, you must respond to this Statement of Material Facts by admitting and/or denying each fact asserted therein supported with a record citation. If you do not so respond, the Court will deem that you have admitted your opponent’s Statement of Material Facts, which could result in the Court viewing the facts very favorably to the opposing party. L.R. 7.1(b)(3), L.R. 56.1.
- Personal Privacy Protection: It is the obligation of parties to redact, or file under seal, documents which include social security numbers or taxpayer identification numbers, names of minor children, names of victims, dates of birth, financial account numbers, home addresses, driver’s license numbers, medical records, employment history, and individual financial information. Fed.R.Civ.P. 5.2; L.R. 5.2.

ENCLOSURES

- Copy of the Local Rules of Practice for the Northern District of New York
- Copy of the *Pro Se* Handbook for the Northern District of New York
- Forms are available on our website at www.nynd.uscourts.gov

Thank you.

Acknowledgement of Receipt:

Party Signature

Date

Deputy Clerk

If not handed out at Public Counter – date this Notice was mailed: _____.

b. Defendant: _____
Official Position: _____
Address: _____

c. Defendant: _____
Official Position: _____
Address: _____

Additional Defendants may be added on a separate sheet of paper.

4.

FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

5.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

SECOND CAUSE OF ACTION

THIRD CAUSE OF ACTION

6. **PRAYER FOR RELIEF**

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

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

DATED: _____

Signature of Plaintiff(s)
(all Plaintiffs must sign)

02/2010

b. Defendant: _____
Official Position: _____
Address: _____

4. This action is brought pursuant to:

_____ Title VII of the Civil Rights Act of 1964, as amended, codified at 42 U.S.C. § 2000e *et seq.*, and the Civil Rights Act of 1991, for employment discrimination based on race, color, religion, sex or national origin.

_____ Pregnancy Discrimination Act of 1978, codified at 42 U.S.C. § 2000e(k), as amended, Civil Rights Act of 1964, and the Civil Rights Act of 1991, for employment discrimination based on pregnancy.

5. Venue is invoked pursuant to 28 U.S.C. s 1391.

6. Defendant's conduct is discriminatory with respect to the following (check all that apply):

- (A) _____ My race or color.
- (B) _____ My religion.
- (C) _____ My sex (or sexual harassment).
- (D) _____ My national origin.
- (E) _____ My pregnancy.
- (F) _____ Other: _____.

7. The conduct complained of in this action involves:

- (A) _____ Failure to employ.
- (B) _____ Termination of employment.
- (C) _____ Failure to promote.
- (D) _____ Unequal terms and conditions of employment.
- (E) _____ Reduction in wages.
- (F) _____ Retaliation.
- (G) _____ Other acts as specified below:

SECOND CAUSE OF ACTION

THIRD CAUSE OF ACTION

10. I filed charges with the New York State Division on Human Rights, the New York City Commission on Human Rights or Equal Employment Opportunity Commission regarding the alleged discriminatory acts on or about:

(Provide Date)

11. The Equal Employment Opportunity Commission issued a Notice-of-Right-to-Sue letter (**copy attached**) which was received by me on or about:

(Provide Date)

12. The plaintiff is an employee within the meaning of 42 U.S.C. § 2000e(f).
13. The defendant(s) is (are) an employer, employment agency, or labor organization within the meaning of 42 U.S.C. § 2000e(b), (c), or (d).
14. The defendant(s) is (are) engaged in commerce within the meaning of 42 U.S.C. § 2000e(g).

15. **PRAYER FOR RELIEF**

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

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

DATED: _____

Signature of Plaintiff(s)
(all Plaintiffs must sign)

3. a. Defendant: _____
Official Position: _____
Address: _____

- b. Defendant: _____
Official Position: _____
Address: _____

Additional Defendants may be added on a separate sheet of paper.

4. This action is brought pursuant to the Age Discrimination in Employment Act of 1967, 29 U.S.C. §§ 621-634(b), as amended, for employment discrimination based on age.
5. Venue is invoked pursuant to 28 U.S.C. § 1391.
6. The conduct complained of in this action involves:
- (A) _____ Failure to employ
 - (B) _____ Termination of employment
 - (C) _____ Failure to promote
 - (D) _____ Unequal terms and conditions of employment
 - (E) _____ Reduction in wages
 - (F) _____ Retaliation
 - (G) _____ Other acts as specified below:

FACTS

7. Set forth the facts of your case which substantiate your claim of discrimination. List the events in the order they happened, naming defendants involved, dates and places.

Note: Each fact should be stated in a separate paragraph; paragraphs should be numbered sequentially.

You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint.

The facts surrounding my claim of discrimination are:

8. (a) My year of birth is _____.

(b) My age at the time of the alleged discriminatory act was: _____.

9. I filed charges with the New York State Division on Human Rights or the New York City Commission on Human Rights regarding the alleged discriminatory acts on or about:

_____, 20
(Date)

10. I filed a Notice of Intent with the Equal Employment Opportunity Commission on or about:

_____, 20
(Date)

11. The Equal Employment Opportunity Commission issued a Notice-of-Right-to-Sue letter **(copy attached)** which was received by me on or about:

_____, 20____
(Date)

12. The plaintiff is an employee within the meaning of 29 U.S.C. § 630(f).

13. The plaintiff is within the age limits as prescribed by 29 U.S.C. § 631(a).

14. The defendant(s) is (are) an employer, employment agency, or labor organization within the meaning of 29 U.S.C. § 630(b) (c) and (d).

15. The defendant(s) is (are) engaged in commerce within the meaning of 29 U.S.C. § 630(h).

16. In accordance with 29 U.S.C. § 626(d) and § 633(b), more than sixty (60) days have elapsed since filing a charge alleging unlawful discrimination with the New York State Division of Human Rights, the New York City Commission on Human Rights or the Equal Employment Opportunity Commission.

17. If plaintiff is a **federal** employee and has not filed a complaint with the Equal Employment Opportunity Commission, in accordance with 29 U.S.C. § 633a(d) a thirty (30) day Notice of Intent to File this action must be given to the Equal Employment Opportunity Commission before an action may be brought in this Court.

18. **PRAYER FOR RELIEF**

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

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

DATED: _____

Signature of Plaintiff(s)
(all Plaintiffs must sign)

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

)	
Plaintiff(s))	Civil Case No.:
)	
vs.)	COMPLAINT PURSUANT
)	TO THE AMERICANS
)	WITH DISABILITIES ACT
Defendant(s))	

Plaintiff(s) demand(s) a trial by: _____ JURY _____ COURT (Select **only** one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking judgment, relief and/or damages brought pursuant to the Americans with Disabilities Act, 42 U.S.C. § 12101 *et seq.*, as amended, for discrimination based upon a disability and the failure to accommodate same. This Court has jurisdiction of this action pursuant to 28 U.S.C. §§ 1331 and 1343(4).

PARTIES

2. a. Plaintiff: _____

Address: _____

b. Plaintiff: _____

Address: _____

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: _____
Official Position: _____
Address: _____

b. Defendant: _____
Official Position: _____
Address: _____

Additional Defendants may be added on a separate sheet of paper.

4. My disability is as follows:

5. The conduct complained of in this action involves:
(Check all that apply)

- (A) _____ Failure to employ.
- (B) _____ Termination of employment.
- (C) _____ Denial of participation in public service or program.
- (D) _____ Failure to make alterations to accommodate disability.
- (E) _____ Retaliation.
- (G) _____ Other acts as specified below:

6. **FACTS**

On the following page, set forth the facts of your case which substantiate your claim of discrimination. List the events in the order they happened, naming defendants involved, dates and places.

Note: Each fact should be stated in a separate paragraph; paragraphs should be numbered sequentially.

You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint.

You may use additional sheets as necessary.

7. **PRAYER FOR RELIEF**

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

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

DATED: _____

Signature of Plaintiff(s)
(all Plaintiffs must sign)

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

)	
Plaintiff(s))	Civil Case No.:
)	
vs.)	<i>BIVENS</i>
)	<i>ACTION</i>
)	
Defendant(s))	

Plaintiff(s) demand(s) a trial by: ____ JURY ____ COURT (Select <u>only</u> one).
--

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action brought pursuant to *Bivens v. Six Unknown Named Agents of the Federal Bureau of Narcotics*, 403 U.S. 388 (1971). The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331 and 2201.

PARTIES

2. a. Plaintiff: _____
Address: _____

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: _____
Official Position: _____
Address: _____

b. Defendant: _____
Official Position: _____
Address: _____

c. Defendant: _____
Official Position: _____
Address: _____

Additional Defendants may be added on a separate sheet of paper.

4. **FACTS**

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).

5.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

SECOND CAUSE OF ACTION

THIRD CAUSE OF ACTION

6. **PRAYER FOR RELIEF**

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

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

DATED: _____

Signature of Plaintiff(s)
(all Plaintiffs must sign)

UNITED STATES DISTRICT COURT

for the

_____ District of _____

_____)	
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

AFFIDAVIT OF SERVICE BY MAIL

State of New York : SS:
County of _____ :

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: _____.

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

DATED: _____
Signature of Plaintiff

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

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