

## INSTRUCTIONS FOR PRISONERS SEEKING TO FILE A CIVIL RIGHTS COMPLAINT PURSUANT TO 42 U.S.C. § 1983

You must comply with the following instructions before the Clerk will file your Complaint

Local Rule CR 103, Local Rules for the Western District of Washington, requires you to submit your Complaint on the form furnished by the Court (a § 1983 form is attached). The clerk will upload the complaint to the docket and make copies of it for service upon the defendant(s). Plaintiff should keep a copy of the complaint for his or her own records; the clerk will not routinely return a copy of the complaint to plaintiff.

You must submit either the full \$405.00 filing fee or a completed *in forma pauperis* application, including a certified copy of your prisoner account. Carefully read the information sheet for prisoners seeking leave to proceed *in forma pauperis* (without prepayment of the entire filing fee).

You may bring your Complaint to the United States District Court for the Western District of Washington only if one or more of the named defendants is located within this district, or if your claim arose from this district. If you have more than one claim, you must file a separate complaint for each claim unless they are related to the same incident or issue.

Your Complaint must be legibly handwritten or typed. **NOTE: DO NOT WRITE ON THE BACK OF ANY OF THE PAGES OF THE COMPLAINT;** any writing on the back of any page might not be considered by the Court. If you need additional space to answer any question(s), you may attach additional pages.

You are required to state facts in support of each claim. Describe how each named defendant violated your civil rights and when the violation occurred. You must sign the complaint.

You must keep the Clerk of the Court informed of any change of address. If you fail to do so, the Clerk cannot be responsible for your failure to receive Court Orders. This also could result in the dismissal of your suit.

If your claim arose in King, Snohomish, Skagit, Whatcom or Island Counties, mail your completed forms, the originals and all copies to:

Clerk, U.S. District Court  
700 Stewart Street, Suite  
2310 Seattle WA 98101-1271

If your claim arose in Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, or Wahkiakum Counties, mail your completed forms, the originals and all copies to:

Clerk, U.S. District Court  
1717 Pacific Ave, Room  
3100 Tacoma WA 98402

**NOTE: If you are housed at a Department of Corrections facility subject to the Prisoner Electronic Filing Initiative pursuant to General Orders 02-15 and 06-16, you may fulfill this mailing requirement by submitting your documents to the appropriate person at your facility who will transmit your documents electronically to the U.S. District Court. Your facility will receive any documents filed in your case electronically on your behalf.**

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON

\_\_\_\_\_  
*Plaintiff's full name and prisoner number*

Plaintiff,

v.

Case No. \_\_\_\_\_  
(leave blank – for court staff only)

**PRISONER CIVIL RIGHTS  
COMPLAINT**

\_\_\_\_\_  
*Defendant's/defendants' full name(s)*

Defendant(s).

Jury Demand?

☐ Yes

☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

**WARNINGS**

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

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## I. PLAINTIFF INFORMATION

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Name (Last, First, MI)

Aliases/Former Names

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Prisoner ID #

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Place of Detention

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Institutional Address

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County, City

State

Zip Code

*Indicate your status:*

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee

- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner

## II. DEFENDANT INFORMATION

*Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.*

Defendant 1:

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Name (Last, First)

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Current Job Title

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Current Work Address

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County, City

State

Zip Code

Defendant 2:

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Name (Last, First)

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Current Job Title

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Current Work Address

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County, City

State

Zip Code

Defendant 3:

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Name (Last, First)

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Current Job Title

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Current Work Address

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County, City

State

Zip Code

### III. STATEMENT OF CLAIM(S)

*In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.*

*If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under “Count I” (i.e., medical) and the other claim under “Count II” (i.e., religion).*

*Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.*

*If you have more than three counts, attach additional pages and follow the same format for each count.*

*If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).*

#### **COUNT I**

*Identify the first right you believe was violated and by whom:*

1.1

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*State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

1.2

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This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.*

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**COUNT II**

*Identify the second right you believe was violated and by whom:*

## 2.1

*State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

## 2.2

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*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.*

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**COUNT III**

*Identify the third right you believe was violated and by whom:*

3.1

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*State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.*

3.2

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*State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.*

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#### **IV. RELIEF**

*State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.*

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#### **V. SIGNATURE**

*By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.*

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Dated

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Plaintiff's Signature