UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

INSTRUCTIONS FOR COMPLAINTS UNDER 42 USC § 1983 CHALLENGING CONDITIONS OF CONFINEMENT

1. All Complaints should be submitted on the Northern District of Mississippi's Form P3, pursuant to the court's *Standing Order* dated September 17, 1998. Complaints must be typewritten or legibly handwritten, and signed by you under penalty of perjury. Any false statement of a material fact may serve as the basis for prosecution and conviction for perjury. All questions must be answered concisely in the proper space on Form P3.

2. Use the spaces provided in Form P3 to present your case. Do not use additional pages except with respect to the facts upon which you rely to support your case. Citation of cases, statutes, or other authority is not required. Briefs and argument are not required; however, if they are provided, they must be submitted in the form of a separate memorandum.

3. A United States Marshal's Form USM-285 *must* be prepared for each Defendant to be served by the Marshal's Service. Blank forms will be sent *only* if the magistrate judge so orders after your Complaint has been filed.

4. Mail Complaint and all copies to:
   Pro Se Law Clerk, U.S. District Court
   Post Office Box 704
   Aberdeen, Mississippi 39730

5. Numbers of copies to file:
   1 original, plus—
   1 copy for the District Judge
   1 copy for the Magistrate Judge
   1 copy for the court's Pro Se Law Clerk.

6. You must pay the filing fee of $150. If you cannot pay this fee, you may seek authorization to proceed *in forma pauperis* by completing the Pauper's Affidavit at the end of this form.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

_____

Plaintiff

v. **CASE NO.** _____

_____

Defendant

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

   A. Legal name: _____

   B. Name under which sentenced: _____

   C. Inmate identification number: _____

   D. Plaintiff's mailing address (street or post office box number, city, state, ZIP): _____

   _____

   E. Place of confinement: _____

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

   Name: _____

   Title (Superintendent, Sheriff, etc.): _____

   Defendant's mailing address (street or post office box number, city, state, ZIP) _____

   _____

Name: _____

Title (Superintendent, Sheriff, etc.): _____

Defendant's mailing address (street or post office. box number, city, state, ZIP) _____

Name: _____

Title (Superintendent, Sheriff, etc.): _____

Defendant's mailing address (street or post office box number, city, state, ZIP) _____

Name: _____

Title (Superintendent, Sheriff, etc.): _____

Defendant's mailing address (street or post office box number, city, state, ZIP) _____

(If additional Defendants are named, provide on separates sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ❑ Yes ❑ No

4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s): _____

Defendant(s): _____

B. Court: _____ C. Docket No.: _____

D. Judge's Name: _____ E. Date suit filed: _____

F. Date decided: _____ G. Result (affirmed, reversed, etc.): _____

5. Is there a prisoner grievance procedure or system in the place of your confinement? ❑ Yes ❑ No

6. If "Yes," did you present to the grievance system **the same facts and issues** you allege in this complaint? (See question 9, below). ❑ Yes ❑ No

7. If you checked "Yes" in Question 6, answer the following questions:

A. Does the grievance system place a limit on the time within which a grievance must be presented? ❑ Yes ❑ No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed? ❑ Yes ❑ No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

Special Note: Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

_____

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9. Write below, as briefly as possible, the **facts** of your case. Describe how **each** Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

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10. State **briefly** exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

This Complaint was executed at (location): _____

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct.

Date: _____ _____

Plaintiff's Signature

INSTRUCTIONS FOR COMPLETING MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

The following form is designed to assist you in applying to the court for leave to proceed in forma pauperis.

Respond to every question in this Motion form. Do not leave any blanks.

The check boxes ask for “Yes” or “No” responses. Place a check (✔) in the appropriate box for every question. Do not leave any blanks.

If your response or answer to a question is “0" (zero) or “Not Applicable” (N/A), write in that response.

If you need more space to answer or respond to a question, attach a separate sheet of paper labeled with your full name, your case’s docket number, the question number from the Motion, and your answer or response.

Print legibly or typewrite.

Sign and date the Motion on the last page.

Two forms—an *Authorization for Release of Institutional Account Information and Payment of the Filing Fee*, and a *Certificate*—are attached to this motion. You *must* complete the *Authorization for Release of Institutional Account Information and Payment of the Filing Fee*. You must also submit the certificate on page 9 to the custodian of your inmate account for completion. Both forms are to be submitted to the Clerk of Court when you file your Motion for Leave to Proceed In Forma Pauperis.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

_____ **Division**

AFFIDAVIT IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS

1. I swear or affirm under penalty of perjury as follows:

   A. Because of my poverty, I cannot prepay or give security for the filing fees and costs for my complaint or appeal.

   B. I believe I am entitled to legal redress.

   C. I swear or affirm under penalty of perjury that my answers and responses on this Motion and Affidavit are true and correct. (28 USC § 1746; 18 USC § 1621).

   _____
   Movant's Signature

2. My full name and mailing address are as follows:

   Name: _____

   Address: _____

   _____

   Tel. No. _____ Date of Birth: _____

3. Are you presently employed? ❑ Yes ❑ No

   a. If you checked "Yes," state the amount of your salary, wages, or other compensation per month and give the name and address of your employer. _____ _____

   b. If you checked "No," state the date of your last employment and the amount of the salary, wages, or other compensation you received per month. _____ _____

4. Have you received with the past 12 months any money from any of the following sources:

   a. Business, profession, or form of self-employment? ❑ Yes ❑ No

b. Rent payments, interest, or dividends? ❑ Yes ❑ No

c. Pensions, annuities, or life insurance payments? ❑ Yes ❑ No

d. Gifts or inheritances? ❑ Yes ❑ No

e. Any other source? ❑ Yes ❑ No

If the answer to any of the above is "Yes," describe each source of money and state the amount you received from each during the past 12 months: _____

_____

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5. Do you own any cash, or do you have any money in a checking or a savings account, including any funds in prison accounts? ❑ Yes ❑ No

If your answer "Yes," state the total value of the items owned: $ _____

6. Do you own real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing? ❑ Yes ❑ No

If your answer "Yes," describe the property and state its approximate value: $ _____

7. List the persons who rely on you for support.

Name	Relationship & Age	Amount you contribute to this person's support
		$
		$
		$

I declare or certify or verify or state under penalty of perjury that the foregoing is true and correct. (28 USC § 1746; 18 USC § 1621).

Date: _____ _____

Movant's Signature

THIS FORM IS TO BE COMPLETED BY THE PLAINTIFF/MOVANT

AUTHORIZATION FOR RELEASE OF INSTITUTIONAL ACCOUNT INFORMATION AND PAYMENT OF THE FILING FEE

I, _____ hereby direct

Movant's Name and Prison Register or Identification Number

and authorize the custodian of my inmate account to provide the Clerk of the United States District Court for the Northern District of Mississippi information from my prison inmate institutional account, including all balances, deposits, and withdrawals. The custodian of my inmate account may also provide the Clerk of Court information from the past 6 months and in the future until the full filing fee is paid. I also authorize custodian of my inmate account to withdraw funds from my account and to send the payments to the Clerk of Court, in accordance with 28 United States Code § 1915 (as amended).

Date: _____ _____

Movant's Signature

CERTIFICATE

(Prisoner Accounts Only)

THIS FORM IS TO BE COMPLETED BY AN AUTHORIZED INSTITUTIONAL OFFICER

I certify that _____

Movant's Name and Prison Register or Identification Number

is a prisoner confined at the following institution: _____

I certify that I am the institution's officer responsible for making certifications regarding prisoners' inmate accounts. I certify that as of the date appearing next to my signature at the bottom of this Certificate, the prisoner named above has the following sum of money on deposit in the inmate account records at this institution: $ _____

I further certify that during the last 6 months this prisoner's average monthly balance in the inmate account records was: $ _____

I further certify that during the last 6 months this prisoner's average monthly deposit in the inmate account records was: $ _____

I further certify that the prisoner has the following securities to his credit: _____

_____

Date: _____ _____

Prison Inmate Account Officer's Signature

Mail this form to: Pro Se Law Clerk, U.S. District Court, Post Office Box 704, Aberdeen, Mississippi 39730