MEMORANDUM

TO: Plaintiffs Proceeding Pro Se in Discrimination Lawsuits

SUBJ: Forms and Instructions for Filing Suit

The forms, instructions, and information you will need to file a discrimination suit in the United States District Court for the Northern District of Mississippi are included in this packet. This packet contains:

CHECKLIST. This checklist will help you make sure you have correctly and completely prepared the proper forms for opening your lawsuit.

COMPLAINT. The Complaint form must be filled out completely and legibly. All entries must be typewritten or printed clearly. Read the Complaint form completely before you begin filling it out. Gather all the necessary information before you begin completing the form. The Complaint contains numerous check boxes; before you check (✔) a selection, make sure the selection pertains to your complaints of legal discrimination.

APPLICATION TO PROCEED WITHOUT PREPAYMENT OR SECURITY FOR FEES AND COSTS AND FOR APPOINTMENT OF AN ATTORNEY. You must complete and file this form if you want the court to allow you to proceed without payment of filing fees or liability for costs. The court will use your application to decide whether you are entitled to proceed without prepaying or giving security for fees and costs and whether you are entitled to have a lawyer appointed to represent you.

SUMMONS FORM. You must complete this form **for each defendant**. If you need more than one set of these forms, call or visit our offices.

When you have completed all the forms, deliver them in person or by mail to our office nearest you. Use the Checklist to ensure that you have all the necessary paperwork. The Clerk's Office staff will fill in the blank next to the words "Civil Action No."

The Clerk's Office cannot give you legal advice. But we can help you with questions about the forms and the processes involved in a discrimination suit. Please visit our offices or call us.

CHECKLIST FOR PLAINTIFFS FILING DISCRIMINATION LAWSUITS

Read the items below carefully and completely. Refer to the COMPLAINT, the REQUEST FOR APPOINTMENT OF ATTORNEY, the APPLICATION TO PROCEED WITHOUT PREPAYMENT OR SECURITY FOR FEES AND COSTS, and the SUMMONS Form. Read carefully every line in every document. Complete all forms **clearly** and **legibly**. Review especially carefully all the checkbox (✔) selections you chose and the information you printed or typed on the forms. Gather all the papers you are instructed to attach to your forms. Then complete the following checklist:

- ❑ Did you complete the COMPLAINT and all other forms **legibly** and **completely**?

- ❑ If you received a RIGHT TO SUE LETTER from the EEOC, did you attach the letter **and the envelope** to your COMPLAINT?

- ❑ If the EEOC issued a DETERMINATION, did you attach a copy of it to your COMPLAINT?

- ❑ Do you have the filing fee—$400 cash or money order—to deliver to the Clerk's Office when you file your lawsuit? If you file an APPLICATION TO PROCEED WITHOUT PREPAYMENT OR SECURITY FOR FEES AND COSTS, the judge will determine whether you may be excused from filing the $400 fee. If the judge denies your application, you will be required to pay the $400 filing fee plus the costs of serving process; if you do not pay the fee and costs, your lawsuit may be dismissed by the judge.

- ❑ If you do not have the $400 filing fee, did you complete the APPLICATION TO PROCEED WITHOUT PREPAYMENT OR SECURITY FOR FEES AND COSTS form?

- ❑ Did you complete the SUMMONS forms **for each Defendant**?

- ❑ Do you have all the copies of all the papers you need for commencing your lawsuit? You must have the following at the time you file your lawsuit with the Clerk of the Court:

  - ❑ Original of **every form** required for your lawsuit.
  - ❑ One copy of your COMPLAINT and one copy of your RIGHT TO SUE LETTER (and, if applicable, one copy of the EEOC's DETERMINATION) **for every Defendant** named in your lawsuit. A copy of these documents must be delivered to each Defendant when your Summons is served.

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

_____
Plaintiff(s)

v. CIVIL ACTION NO._____

_____
Defendant(s)

COMPLAINT

1. This civil action is commenced by _____, Plaintiff, under the following statutory law (place a check mark in the appropriate box):

- ☐ Title VII of the Civil Rights Act of 1964, 42 USC §§ 2000e et seq., for employment discrimination on the basis of race, color, sex (gender, pregnancy, and sexual harassment), religion, or national origin.
- ☐ The Age Discrimination in Employment Act [ADEA], 29 USC §§ 621 et seq.
- ☐ The Americans With Disabilities Act [ADA], 42 USC §§ 12102 et seq.
- ☐ The Equal Pay Act [EPA], 29 USC § 206(d).
- ☐ The Rehabilitation Act of 1973, 29 USC §§ 791 et seq. (Applicable to federal employees only).

2. Plaintiff's address is _____
(Street or P.O. Box) (City) (State) (ZIP)

3. Defendant's address is _____
(Street or P.O. Box) (City) (State) (ZIP)

4.A. Plaintiff (check one)—

☐ sought employment from the Defendant

or,

☐ was employed by Defendant at _____
(City and State)

4B. If Defendant is an employer—

❑ At all times relevant to this claim of discrimination, Defendant had _____ employees.
(Insert number)

4C. If Defendant is a union—

❑ At all times relevant to this claim of discrimination, Defendant had _____ members.
(Insert number)

5A. If the act(s) of discrimination happened on one day only—

❑ The discrimination happened on this date: _____

5B. If the act(s) of discrimination happened on more than one day—

❑ The discrimination began on this date: _____ and ended on this date: _____ .

6. On or about _____ Plaintiff filed charges against Defendant with the Equal Employment Opportunity Commission [EEOC], charging Defendant with the acts of discrimination stated in paragraph 10 of this Complaint. [Not applicable to federal employees].

7. On or about _____ the EEOC issued Plaintiff a RIGHT TO SUE LETTER.

8. Plaintiff received the RIGHT TO SUE LETTER on or about _____ .

Notice:
Attach to this Complaint a copy of your RIGHT TO SUE LETTER and the envelope in which the letter was received by you.

9. (Check one): The EEOC issued a DETERMINATION: ❑ Yes ❑ No

Notice:
If you checked *Yes*, attach to this Complaint a copy of the EEOC's DETERMINATION.

Special Instructions: Please read paragraph 10 carefully and completely before completing.

10. Defendant—
(place a check mark ✔in all of the following selections that are applicable to your Complaint)

❑ Failed to employ Plaintiff

❑ Fired Plaintiff

❑ Failed to promote Plaintiff

❑ Harassed Plaintiff

❑ Other (specify *clearly* and *briefly*): _____

_____

_____

_____

because of—

❑ Plaintiff's race (state your race _____)

❑ Plaintiff's color (state your color _____)

❑ Plaintiff's sex (gender, pregnancy, or sexual harassment) (If applicable, state your sex and your claim: _____)

❑ Plaintiff's religion (state your religion _____)

❑ Plaintiff's national origin (state your national origin _____)

❑ Plaintiff's age (state your date of birth _____)

❑ Plaintiff's disability (state your disability _____)

❑ Plaintiff's earlier complaint of discrimination or opposition to acts of discrimination. (If you are alleging Retaliation, state the acts or events that you claim constitute retaliation:

_____

_____)

The acts or omissions stated above are: ❑ still being committed or omitted by Defendant; or,
❑ no longer being committed or omitted by Defendant.

11. State **specifically** and **briefly** what Defendant, or Defendant's agents, or Defendant's employees did that constitutes discrimination against **you personally**. Include in your statement **specific dates** and **specific events or acts**, and any **specific comments or statements** made by Defendant, Defendant's agents, or Defendant's employees pertaining to your discrimination claim.

_____

_____

_____

_____

_____

_____

_____

12. State the names of witnesses who would testify for you or on your behalf, and state **briefly** what they would say.

WITNESS'S NAME	WHAT THIS WITNESS WOULD SAY

13. Name all **documents** that you know of which would support your claim and state **briefly** what each document says or shows.

DOCUMENT	WHAT THE DOCUMENT SAYS OR SHOWS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. (If applicable) Plaintiff has attached to this Complaint a copy of the charge Plaintiff filed with the EEOC. This charge is submitted as a brief statement of the facts supporting this Complaint.

15. Plaintiff requests that the court grant Plaintiff the following relief:

- ☐ Defendant be ordered to employ Plaintiff
- ☐ Defendant be ordered to re-employ Plaintiff
- ☐ Defendant be ordered to promote Plaintiff
- ☐ Defendant be ordered to _____

_____

_____

_____

_____

and that the court give Plaintiff such other relief as may be appropriate, including injunctive orders, damages, costs, and attorneys' fees.

16. I declare or certify or verify or state under penalty of perjury that the facts and statements in this Complaint are true and correct.

Date: _____

.....
Plaintiff's Signature

_____
Plaintiff's Printed Name

_____
Plaintiff's Street or P.O. Box Address

_____
City State ZIP

_____
Plaintiff's Telephone Number

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

CIVIL ACTION NO. _____

APPLICATION FOR LEAVE TO FILE SUIT UNDER TITLE VII OF THE CIVIL RIGHTS ACT OF 1964 WITHOUT PAYMENT OF FEES, COSTS, OR SECURITY AND FOR APPOINTMENT OF AN ATTORNEY

My name is _____. I know that there are criminal penalties for making false official statements. With that knowledge, I hereby apply to the United States District Court for the Northern District of Mississippi for appointment of a lawyer and for leave to file suit against

_____
(Insert Defendant's Name and Address)

under Title VII of the Civil Rights Act of 1964 without payment of fees or costs or giving security therefor. In support of this application, I submit the following information under oath (check appropriate boxes):

1. **Marital Status:** ❑ Single ❑ Married ❑ Separated ❑ Divorced

2. **Dependents:** ❑ Spouse ❑ Children (Number: _____) ❑ Others

3. I am a resident of the State of _____.

4. My home address is: _____
(Street or P.O. Box No.) (City) (State) (ZIP)

5. **Employment:**
   ❑ I am not employed
   ❑ I am employed by _____
   (Employer's name) (Employer's Address)

   I have been employed by this employer since _____

   The name of my job is _____

   My income is $_____ ❑ Monthly ❑ Weekly ❑ Per hour

6. **Financial Status:**
   A. **Real Property**
   ❑ I do not own any real property
   ❑ I own the following real property:

1. Description: _____

2. Address: _____

3. Name of property owner(s): _____

4. Estimated value: $_____

5. Total amount owed on property: $_____ Owed to: _____

6. I receive $_____ each year from this property.

B. **Other Property**

1. Automobile: Brand Name _____ Model _____ Year _____

2. Registered owner's name: _____

3. Present value of car: $_____ Amount owed: $_____

Owed to: _____

Monthly payment: $_____ Number of payments remaining: _____

C. **Cash**

1. I have $_____ cash on hand.

2. I have $_____ in the following bank or credit union or savings association:

_____

D. **Stocks, Bonds, Insurance Money, Veterans Benefits, Social Security, and Other Benefits**

☐ I have the following stocks, bonds, or other investments:

_____

☐ I receive $_____ from stocks, bonds, or other investments

☐ I receive $_____ from insurance

☐ I receive $_____ from the Veterans Administration

☐ I receive $_____ from Social Security

☐ I receive $_____ from _____

E. **Debts and Obligations**

☐ I own my home. My monthly mortgage payment is $_____

☐ I rent my home. My monthly rent payment is $_____

❑ I do not owe any other debts.
❑ I have the following debts

$_____ Payable to _____

$_____ Payable to _____

$_____ Payable to _____

$_____ Payable to _____

$_____ Payable to _____

$_____ Payable to _____

$_____ Payable to _____

$_____ Payable to _____

The total of my monthly payments, including rent or mortgage, car payments, and all other debts is

$_____

7. **Statement of Discrimination Claim.** My discrimination claim is stated in my Complaint.

8. I tried diligently to hire a lawyer, with the following results:
(Check ✔all that apply)

❑ I contacted the following private lawyers who specialize in labor law, employment discrimination law, or civil rights law, but they would not take my case because:

LAWYER'S NAME & ADDRESS	REASON FOR REFUSING TO TAKE MY CASE

☐ I contacted the Legal Services Corporation (tel. 662. 234-2918), but they would not take my case because:

_____

_____

_____

_____

_____

_____

☐ I contacted the Mississippi Bar Association Lawyer Referral Service (1-800 682-6423). The Service gave me the names of the lawyers listed below. I contacted the lawyers but they would not take my case because:

LAWYER'S NAME & ADDRESS	REASON FOR REFUSING TO TAKE MY CASE

9. I have the following education (check ✔ highest level attained):

☐ Did not graduate from high school, but completed the _____ grade.

☐ GED (Date attained: _____).

☐ High school graduate (Year graduated: _____).

☐ Attended college or community college (Total hours credit: _____).

☐ Specialty or technical school (Field of study: _____).

Specialty degree or technical skill or certification: _____

☐ College graduate College: _____ Year: _____

☐ College post-graduate education

10. I request that the court grant me leave under Title VII of the Civil Rights Act of 1964 to file my lawsuit without payment of fees or costs or giving security therefor and that the court appoint a lawyer for me as is allowed by law.

.....
Signature

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

Date signed: _____

.....
Signature

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

SUMMONS IN A CIVIL ACTION

VS. CASE NUMBER

TO (name and address of Defendant):

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it)–or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed.R.Civ.P. 12 (a)(2) or (3)—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.

Date: _____ DAVID CREWS, Clerk

By: _____
Signature of Clerk or Deputy Clerk

RETURN OF SERVICE

Service of this Summons and Complaint was made by me* on this date:

Server's Name (print):	Server's Title:

Check one box below to state method of service:

☐ Served Summons and Complaint upon Defendant personally at the following place:

☐ Left copies of Summons and Complaint at Defendant's dwelling house or usual place of abode with the following person of suitable age and discretion then residing therein:

☐ Returned unexecuted:

☐ Other *(specify)*:

STATEMENT OF SERVICE FEES

Travel: $ Services: $ Total: $

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and the Statement of Service Fees is true and correct.

Date executed: _____

_____
Signature of Server

_____
Server's Address

_____
Server's Telephone Number

*As to who may serve a Summons, see Rule 4, FEDERAL RULES OF CIVIL PROCEDURE