

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. Sec. 1983

IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
DIVISION

ADC # _____

(Enter above the full name of the
plaintiff, or plaintiffs, in this
action.)

V.

CASE NO. _____

(Enter above the full name of
defendant or defendants, in
this action.)

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action?

Yes _____ No _____

B. If your answer to A is yes, describe each lawsuit in
the space below. (If there is more than one lawsuit,
describe the additional lawsuits on another piece of
paper, using the same outline.)

1. Parties to this lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (If federal court, name the district; if state
court, name the county: _____

- 1 ,
3. Docket Number: _____
 4. Name of Judge to whom case was assigned: _____
 5. Disposition (for example: Was the case dismissed? was it appealed? Is it still pending?): _____
 6. Approximate date of filing lawsuit: _____
 7. Approximate date of disposition: _____

II. Place of present Confinement: _____

III. There is a prisoner grievance procedure in the Arkansas Department of Correction. **Failure to complete the grievance procedure may affect your case in federal court.**

A. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes _____ No _____

B. If your answer is YES, Attach copies evidencing completion of **the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.**

C. If your answer is NO, explain why not: _____

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff: _____

Address: _____

Name of plaintiff: _____

Address: _____

Name of plaintiff: _____

Address: _____

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Defendant: _____

Position : _____

Place of employment: _____

Address: _____

Defendant: _____

Position : _____

Place of employment: _____

Address: _____

Defendant: _____

Position : _____

Place of employment: _____

Address: _____

Defendant: _____

Position : _____

Place of employment: _____

Address: _____

Defendant: _____

Position : _____

Place of employment: _____

Address: _____

V. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

VI. Relief

State briefly exactly what YOU want the court to do for YOU. Make no legal arguments. Cite no cases or statutes.

I declare under penalty of perjury (18 U. S. C. § 1621 that the foregoing is true and correct.

Executed on this _____ day of _____, 20__.

Signature(s) of plaintiff(s)