

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

**HOW TO FILE AN EMPLOYMENT DISCRIMINATION COMPLAINT:
INSTRUCTIONS FOR PERSONS WITHOUT AN ATTORNEY**

This packet includes each of the following forms:

1. How to File an Employment Discrimination Complaint (Intake 1);
2. Employment Discrimination Complaint (Intake 2);
3. Application to Proceed In Forma Pauperis (Intake 3);
4. Request for Appointment of Counsel (Intake 4).

I. GENERAL INSTRUCTIONS

A. Three completed copies of each applicable form should be sent to the Court. Upon filing, the Clerk will return to you a file stamped copy of each document. If the documents submitted by you are not complete, you will be advised. When you mail in the forms, you should keep one set for your records.

B. All blanks must be filled in. If an entry does not apply to you, write "not applicable" in the provided space.

C. The filing fee for a complaint is \$150.00. If you are financially unable to pay that fee, you must complete the Application to Proceed In Forma Pauperis (Intake 3). If you are able to pay the \$150.00 filing fee, you need not complete the Application to Proceed In Forma Pauperis. However, you must prepare a summons, have it issued by the Clerk's Office and make arrangements with a private process server to have your summons and complaint served upon the defendant.

D. If you want the Court to appoint an attorney to represent you, you must complete the Request for Appointment of Counsel (Intake 4).

E. Your complaint must be filed within the time specified by your Notice-Of-Right-To-Sue letter.

F. If you contact the Court about your case, you must use the name and number of the case: for instance, Jones v. Acme Construction, C86-0123ABC. This number will be stamped on the copies of your documents returned by the Clerk when your case is filed. The letters at the end

of the number are the initials of the judge to whom your case has been randomly assigned. These letters are part of the case number and must be used by you if you inquire about your case.

G. You must notify the Clerk promptly if your mailing address changes. If the Court is unable to contact you, your case may be dismissed for lack of prosecution.

H. Before mailing your forms to the Court, you should remove these instructions and keep for reference.

I. If you are filing a complaint against a Federal Agency, you should fill out all parts of the forms that apply to you and add any additional information that is appropriate.

II. EMPLOYMENT DISCRIMINATION COMPLAINT (Intake 2)

A. Insert the name of the employer(s) against whom you are complaining in the heading above the word "Defendant(s)." If you are complaining against a federal agency, department or unit, insert the title of the head of that agency, department or unit above the word "Defendant(s)." (For example, if you are complaining against the U.S. Postal Service, insert "Postmaster General;" if you are complaining against the U.S. Navy, insert "Secretary of the Navy.") Write your name above the word "Plaintiff."

B. Paragraphs 1 and 2 - Be sure to provide full and accurate addresses.

C. Paragraph 9 - Be sure to attach a copy of your Notice-Of-Right-To-Sue letter.

THE COMPLAINT MUST BE FILED WITHIN THE TIME SPECIFIED IN YOUR NOTICE-OF-RIGHT-TO-SUE LETTER

III. APPLICATION TO PROCEED IN FORMA PAUPERIS (Intake 3)

A. This form should be used ONLY if you are financially unable to pay the \$150.00 filing fee. Each complaint must be accompanied with either a \$150.00 payment or a completed Application to Proceed In Forma Pauperis.

B. All blanks must be filled in. If an entry does not apply to you, write "not applicable" in the provided space.

IV. REQUEST FOR APPOINTMENT OF COUNSEL (Intake 4)

- A. Use this form ONLY if you are asking the Court to appoint a lawyer to represent you.
- B. The Court is not required to appoint a lawyer to represent you. The judge will decide whether an appointment will be made in your case based upon the information you provide in this form.
- C. Federal employees can obtain a copy of the investigative file from the Federal Agency where the original complaint was filed by calling that agency for information. Non-Federal employees can obtain a copy of the investigative file from the Equal Employment Opportunity Commission by calling (415) 356-5100 and by requesting an appointment at which time the file may be copied.
- D. Paragraph 4 - You must make a reasonable effort on your own to obtain an attorney before the Court will consider appointing one to represent you. List in paragraph 4 all attorneys contacted by you who were unwilling or unable to take your case.

When the forms are completed, bring them or mail them to:

Clerk, United States District Court
450 Golden Gate Avenue
P.O. Box 36060
San Francisco, CA 94102

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

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))
Plaintiff,))
))
vs.)) **CASE NO. _____**
))
)) **EMPLOYMENT DISCRIMINATION**
)) **COMPLAINT**
Defendant(s.)))
))
_____))

1. Plaintiff resides at:

Address _____

**City, State
& Zip Code** _____

Phone () _____
Area Code

2. Defendant is located at:

Address _____

**City, State
& Zip Code** _____

3. This action is brought pursuant to Title VII of the Civil Rights Act of 1964 for employment discrimination. Jurisdiction is conferred on this Court by 42 U.S.C. Section 2000e-5. Equitable and other relief is sought under 42 U.S.C. Section 2000e-5(g).

Case category: 5
Nature of Suit Code: 442 (Jobs)

4. The acts complained of in this suit concern:

- a. **Failure to employ me.**
- b. **Termination of my employment.**
- c. **Failure to promote me.**
- d. **Other acts as specified below.**

5. Defendant's conduct is discriminatory with respect to the following:

- a. **My race or color.**
- b. **My religion.**
- c. **My sex.**
- d. **My national origin.**
- e. **Other as specified below.**

6. The basic facts surrounding my claim of discrimination are:

7. The alleged discrimination occurred on or about _____.
(DATE)

8. I filed charges with the Federal Equal Employment Opportunity Commission (or the California Department of Fair Employment and Housing) regarding defendant's alleged discriminatory conduct on or about _____.
(DATE)

9. The Equal Employment Opportunity Commission issued a Notice-of-Right-to-Sue letter (copy attached), which was received by me on or about _____.
(DATE)

10. Plaintiff hereby demands a jury for all claims for which a jury is permitted:

____ yes ____ no

11. WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, costs, and attorney fees.

DATED: _____

SIGNATURE OF PLAINTIFF

(PLEASE NOTE: NOTARIZATION IS NOT REQUIRED.)

PLAINTIFF'S NAME
(Printed or Typed)

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- a. **Business, Profession or self employment** Yes ___ No ___
- b. **Income from stocks, bonds, or royalties?** Yes ___ No ___
- c. **Rent payments?** Yes ___ No ___
- d. **Pensions, annuities, or life insurance payments?** Yes ___ No ___
- e. **Federal or State welfare payments, Social Security or other government source?** Yes ___ No ___

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

3. Are you married? Yes ___ No ___

Spouse's Full Name: _____

Spouse's Place of Employment: _____

Spouse's Monthly Salary, Wages or Income:

Gross \$ _____ **Net \$** _____

4. a. List amount you contribute to your spouse's support:

\$ _____

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support:

5. Do you own or are you buying a home? Yes ___ No ___

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No ___

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ___ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No ___

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No ___ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ___

8. What are your monthly expenses?

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

| <u>Name of Account</u> | <u>Monthly Payment</u> | <u>Total Owed On This Account</u> |
|------------------------|------------------------|-----------------------------------|
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable.)

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No ___

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE

SIGNATURE OF APPLICANT

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

))
))
Plaintiff(s),) CASE NO. _____
))
v.) **REQUEST FOR APPOINTMENT OF COUNSEL**
) **UNDER THE CIVIL RIGHTS ACT OF 1964,**
) **42 U.S.C. Section 2000e-5(f)(1)(B);**
) **DECLARATION IN SUPPORT OF REQUEST**
Defendant(s).)
_____)

1. I, the plaintiff in the above-entitled employment discrimination action, request that the Court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

- a. My claim is meritorious (that is, I have a good case);**
- b. I have made a reasonably diligent effort to obtain counsel;**
- c. I am unable to find an attorney willing to represent me on terms that I can afford.**

2. A copy of the Notice-of-Right-to-Sue letter I received from the Equal Employment Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. a. Does the Notice-of-Right-to-Sue letter show that the Commission found no reasonable cause to believe the allegations made in your charge were true?

_____ Yes _____ No

IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B AND C.

b. Do you question the correctness of the Commission's no reasonable cause determination? _____ Yes _____ No

c. If you answered "yes" to question 3b, what are your reasons for questioning the Commission's determination? **Be specific and support your objections with facts. Do not simply repeat the allegations made in your complaint; the Court will review your complaint in considering this request for counsel.**

1) _____

2) _____

3) _____

4) _____

If more space is needed, you may add one additional sheet of paper or write down your additional comments on the reverse side of this page.

b. ASSETS

1) Other Income

Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments or other sources?

Yes No

| | Received | Sources |
|---|----------|---------|
| If YES, give the amount received & identify the sources | \$ _____ | _____ |
| | \$ _____ | _____ |
| | \$ _____ | _____ |
| | \$ _____ | _____ |

2) Cash

Do you have any cash on hand or money in savings or checking accounts?

Yes No

If YES, state total amount \$ _____

3) Property

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

Yes No

| | Value | Description |
|------------------------------------|----------|-------------|
| If YES, give value and describe it | \$ _____ | _____ |
| | \$ _____ | _____ |
| | \$ _____ | _____ |
| | \$ _____ | _____ |

c. OBLIGATIONS AND DEBTS

1) Dependents

| Marital Status | Total No. of Dependents | List persons you actually support & your relationship to them |
|---------------------------|------------------------------------|--|
| _____ Single | _____ | _____ |
| _____ Married | | _____ |
| _____ Widowed | | _____ |
| _____ Separated or | | _____ |
| _____ Divorced | | _____ |

2) Debts and Monthly Bills

List all creditors, including banks, loan companies, charge accounts, etc.

| | Creditors | Total Debt | Monthly Payment |
|------------------------------|------------------|-------------------|------------------------|
| RENT: | _____ | \$ _____ | \$ _____ |
| MORTGAGE ON HOME: | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |
| | _____ | | |

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

(DATE)

(SIGNATURE OF PLAINTIFF)