

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF WEST VIRGINIA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*(Inmate Reg. # of each Plaintiff)*

**VERSUS**

**CIVIL ACTION NO.** \_\_\_\_\_  
*(Number to be assigned by Court)*

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

**COMPLAINT**

**I. Previous Lawsuits**

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

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 previous lawsuit:

Plaintiffs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county);

\_\_\_\_\_

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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?)

\_\_\_\_\_

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6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

**II. Place of Present Confinement:** \_\_\_\_\_

A. Is there a prisoner grievance procedure in this institution?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_

C. If your answer is YES:

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? \_\_\_\_\_

\_\_\_\_\_

D. If your answer is NO, explain why not: \_\_\_\_\_

\_\_\_\_\_

**III. Parties**

(In item A below, place your name and inmate registration number 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: \_\_\_\_\_

B. Additional Plaintiff(s) and Address(es): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: \_\_\_\_\_

is employed as: \_\_\_\_\_

at \_\_\_\_\_

D. Additional defendants: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IV. 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, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_



**V. Relief (continued):**

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**VII. Counsel**

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

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- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state the name(s) and address(es) of each lawyer contacted:

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If not, state your reasons: \_\_\_\_\_

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- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, state the lawyer's name and address:

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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Signature of Plaintiff or Plaintiffs

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

Executed on \_\_\_\_\_.  
(Date)

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Signature of Movant/Plaintiff

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Signature of Attorney  
(if any)