

DISTRICT COURT OF THE VIRGIN ISLANDS
DIVISION OF ST. THOMAS/ST. JOHN ST. CROIX

_____))
(Print your full name))
)
Plaintiff *pro se*,)
)
)
v.)
)
_____))
)
_____))
)
Defendant(s))

COMPLAINT

Civil Action No. _____
(To be provided by the Clerk of Court)

Provide full name(s) of defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part III below.

I. Jurisdiction is asserted pursuant to (CHECK ONE):

- 42 U.S.C. §1983 (for claims against state actors)
- Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (for claims against federal actors)

II. Indicate whether you are a prisoner or other confined person as follows:

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted & sentenced state prisoner
- Convicted & sentenced federal prisoner
- Other (please explain): _____

III. Parties in this complaint:

A. List your name, inmate number, place of confinement and address. You **must** keep the Clerk of Court apprised of your current contact information.

Name: _____
Inmate/ID #: _____
Place of confinement: _____
Address: _____

- B. Provide the name and address of each defendant listed in the caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name: _____

Position/Title: _____

Place of Employment: _____

Type of Suit (check all that apply): individual capacity official capacity

Address: _____

Defendant No. 2

Name: _____

Position/Title: _____

Place of Employment: _____

Type of Suit (check all that apply): individual capacity official capacity

Address: _____

If there are more than two defendants, attach a separate sheet. For each defendant, specify: (1) name; (2) position/title; (3) place of employment; and (4) type of suit.

IV. Statement of Claim(s)

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action. Include also the names of other persons involved in the events giving rise to your claims. If you assert multiple claims, number and set forth each claim in a separate paragraph. **Do not give any legal arguments or cite any cases or statutes.**

A. In what institution did the events giving rise to your claim(s) occur: _____

B. Where in the institution did the events giving rise to your claim(s) occur: _____

C. Date and approximate time of the events giving rise to your claim(s): _____

D. Identify the constitutional rights you believe have been violated. *If there are more than four counts, attach a separate sheet.*

i. Count I: _____

ii. Count II: _____

iii. Count III: _____

iv. Count IV: _____

E. Provide the essential facts of your case "**IN NUMBERED PARAGRAPHS, EACH LIMITED AS FAR AS PRACTICABLE TO A SINGLE SET OF CIRCUMSTANCES.**"¹ *Attach additional sheets of paper as necessary, numbering each allegation.*

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

¹ FED. R. CIV. P. 10.

V. Damages

Describe how you were damaged by any action or conduct of the defendant(s). If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

VI. Relief Requested (*check only those that apply*). If you named two or more defendants and are seeking different relief against each defendant, indicate accordingly.

Monetary damages in the amount of: _____
against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

An injunction ordering: _____
against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

Other (*specify*): _____
against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

Costs and fees incurred in litigating this matter.

Trial by jury on all issues so triable.

Such other relief as may be appropriate.

VII. Exhaustion of Administrative Remedies/Grievance Procedures

A. Is there a prisoner grievance procedure available at the institution where your claim(s) arose?

Yes No

B. Does the grievance procedure at the institution where your claim(s) arose cover all or some of your claims?

Yes No

C. Did you file a grievance in the institution where your claims arose? Yes No

If your answer to C is YES, briefly describe the steps taken, including how relief was sought, from whom you sought relief, when you sought relief, and the results if any.

If you did not file a grievance, what steps, if any did you take to appeal the decision? _____

VIII. Previous Lawsuits

A. Have you filed 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 by answering questions 1 through 6 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Court: Federal District: _____

State/Territory Name: _____

3. Case/Docket/Index Number: _____

4. Date lawsuit filed: _____

5. Is the lawsuit still pending? Yes No

If NO, provide the following:

a. Date of disposition: _____

b. Result (e.g., dismissed, judgment in your favor, appealed): _____

IX. Verification and Declaration under Penalty of Perjury

Initial each of the following:

_____ I have included **one** properly completed Form JS 44 Civil Cover Sheet (included with instruction package).

_____ I have included **one** properly completed Form VI-AO 44 Summons in a Civil Action (available from the clerk's office) and **two copies** for **each defendant** I am suing.

_____ In addition to this complaint with an original signature, I have included **one copy** of this complaint for **each defendant**.

_____ I have included:

Full payment of the filing fee (\$400.00) via check or money order payable to Clerk, District Court of the Virgin Islands; or

A properly completed Motion for Prisoners to Proceed in District Court Without Prepaying Fees or Costs in a Civil Rights Action (Form VI-AO 240-P-CR) **and** a certified copy of my institutional account statement

_____ I agree to promptly notify the clerk of any change of address.

_____ I have read all of the statements in this complaint. [*Do not forget to keep a copy for your records.*]

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT. 28 U.S.C. §1746; 18 U.S.C. §1621

This ___ day of _____, 20__.

Signature of plaintiff