

**UNITED STATES DISTRICT AND BANKRUPTCY COURTS  
FOR THE DISTRICT OF COLUMBIA**

**DO NOT WRITE ON SAMPLE FORM**

YOUR NAME  
YOUR FACILITY ADDRESS  
CITY, STATE & ZIP CODE  
YOUR PRISONER IDENTIFICATION NO.

VS.

CIVIL ACTION NO. (To be filled in by Clerk)

DEFENDANT(S) NAME(S)  
THEIR ADDRESS  
CITY, STATE & ZIP CODE

**COMPLAINT**

**DO NOT WRITE ON SAMPLE FORM**

SET FORTH THE FACTS OF YOUR CASE.

ON THE LAST PAGE OF YOUR COMPLAINT, SPELL OUT THE RELIEF YOU ARE REQUESTING FROM THIS COURT.

IF YOU ARE ASKING FOR A TRIAL BY JURY, YOU MUST STATE THIS IN YOUR COMPLAINT.

IF YOU ARE REQUESTING A SPECIFIC AMOUNT OF MONEY, STATE THIS IN YOUR COMPLAINT.

ORIGINAL SIGNATURE (IN PEN)

YOUR NAME  
YOUR FACILITY ADDRESS  
CITY, STATE & ZIP CODE