

UNITED STATES DISTRICT AND BANKRUPTCY COURTS
FOR THE DISTRICT OF COLUMBIA

DO NOT SUBMIT THIS SAMPLE FORM FOR FILING

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

VS.

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

Jury Trial: (Yes or No)

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

COMPLAINT

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

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

PLAINTIFF

Address (No Post Office Boxes)

City State Zip Code

VS.

CIVIL ACTION NO. _____

DEFENDANT

Jury Trial: Yes No

Address (No Post Office Boxes)

City State Zip Code

COMPLAINT

Original Signature (in pen)

Name (if applicable, Prisoner ID No.)

Address or Facility Address

City State Zip Code