(Form to be used by federal prisoners filing a civil action under 28 U.S.C. § 1331, civil action under 28 U.S.C. § 1346, or a Bivens action)

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA

	)	
	)	
	)	Civil Action No.
	)	
	)	
	)	
	)	
	)	Complaint
vs.	)	
	)	
	)	
	)	
	)	
	)	
	)	
	)	
	)	

(Enter above the full name of each defendant in this action. Do not use "et al.")

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 the same size as this one, and give the same information about the additional case of cases.)

1. Approximate date of filing lawsuit: _____

2. Parties to previous lawsuit:

   Plaintiff(s)_____

   Defendant(s) _____

3. Court: (If federal, name the district; if state, name the county.)

   _____

4. Docket Number: _____

5. Name of Judge to whom case was assigned: _____

6. Disposition: (Was the case dismissed? appealed? still pending?)

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT:

A. Did you present the facts relating to your present complaint in the internal prison grievance procedure? ☐ Yes ☐ No

1. If your answer to "A" above is "Yes," what was the result?

2. If your answer to "A" above is "No," explain.

B. Did you present your claim to the Federal Bureau of Prisons or other federal agency for administrative action? ☐ Yes ☐ No

1. If your answer is "yes," state the date such claim was submitted and what action, if any, has been taken.

2. If your claim has been acted on, attach copies of any correspondence you have received from the Bureau of Prisons or other federal agency concerning your claim.

C. Are you suing for a work-related injury? ☐ Yes ☐ No

If your answer is "Yes," state the nature of your duties you were performing when the injury occurred.

III. PARTIES TO THIS SUIT:

A. Name and address of each plaintiff (please include prison number):

B. Full name of each defendant, his or her official position, his or her place of employment, and his or her full mailing address.

Defendant # 1:

Defendant # 2:

Defendant # 3:

Defendant # 4:

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, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra pages the same size as this page if necessary.)

IV. STATEMENT OF CLAIM (continued)

V. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

_____

_____

_____

_____
(Signature of each plaintiff)

Signed this _____ day of _____, 20____.
(date) (month) (year)