

Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**HOW TO PROCEED WITH AN EMPLOYMENT DISCRIMINATION OR
REHABILITATION ACT LAWSUIT**

INSTRUCTIONS FOR A PERSON WITHOUT AN ATTORNEY

This packet contains forms to permit you to file the following:

- Form 1. Civil Complaint
- Form 2. Description of Lawsuit for Court Assignment
- Form 3. Application to Proceed In Forma Pauperis (for people unable to pay the filing fee)
- Form 4. Request for Appointment of Attorney

GENERAL INSTRUCTIONS

FORM 1 – CIVIL COMPLAINT

You should fill out and file Form 1 – Civil Complaint. When filling out the complaint, you should remember the following:

- 1) You are the plaintiff. The defendant(s) is the employer(s) being sued. If you are filing against a government agency or department, use the title of the head of that agency or department – such as Postmaster General, Secretary of the Navy, Secretary of Welfare of Pennsylvania, etc.
- 2) Your complaint must be legibly printed by hand or typewritten.
- 3) You must personally sign your complaint and declare under penalty of perjury that the facts you allege are correct.
- 4) You must attach to the complaint a copy of your Notice of Right to Sue Letter from the Equal Employment Opportunity Commission. The complaint must be filed within the time specified in your Notice of Right to Sue Letter.

FORM 2 – DESCRIPTION OF LAWSUIT FOR COURT ASSIGNMENT

When you file your complaint, you must also complete and file an original and one copy of Form 2 – Description of Lawsuit for Court Assignment.

FORM 3 – MOTION TO PROCEED IN FORMA PAUPERIS (“IFP”)

In order for the complaint to be filed, it must be accompanied by the filing fee of \$350 plus a \$55.00 Administrative Fee. If you are unable to pay the filing fee, you must file Form 3 – Motion to Proceed In Form Pauperis with the complaint. On Form 3, you must provide an explanation for why you are unable to pay the filing fee. For example: “I am unemployed and have no money except unemployment compensation.” Or: “I earn \$____ a week and must support a family of ____.”

The judge assigned to your case will decide whether to grant you permission to file your case in forma pauperis. If the judge grants you permission to proceed in forma pauperis, then the U.S. Marshal’s Office will serve copies of your complaint on the defendant(s). Therefore, you must give the correct name and address of each defendant.

If the judge does not grant permission to proceed in forma pauperis, then you must pay the \$350 filing fee. You then must arrange to serve the complaint on the defendant(s). The U.S. Marshal’s Office will **not** automatically serve the complaint for you if you are not granted in forma pauperis status.

FORM 4 – REQUEST FOR APPOINTMENT OF ATTORNEY

If you desire to have an attorney and believe you are entitled to have one appointed, you should file Form 4 – Request for Appointment of Attorney. Attorneys are selected from the Plaintiff’s Employment Panel, as outlined in the enclosed Program Description. Please read this enclosure carefully.

You may obtain a copy of your investigative file. Federal employees may do so from the federal agency involved by calling that agency. Other employees can obtain a copy from the Equal Employment Opportunity Commission (EEOC) by writing to:

Fredricka Warren
Christine Spriggs
EEOC, Information Specialists
801 Market Street, Suite 1300
Philadelphia, PA 19107

When you have completed your forms, bring them or mail them to:

Clerk of Court
United States District Court
601 Market Street, Room 2609
Philadelphia, PA 19106-1797

If you have any questions, you may call the Clerk’s Office at (215) 597-7704 and ask for the Pro Se Writ Clerk.

NOTE: You should keep a copy of the forms that you file for your records.

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

Caption:

Full name(s) of Plaintiff(s)

v.

Full name(s) of Defendant(s)

**COMPLAINT
FOR EMPLOYMENT
DISCRIMINATION**

CIVIL ACTION
NO. _____

This action is brought for discrimination in employment pursuant to (check only those that apply):

_____ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

NOTE: *In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*

_____ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621-634.

NOTE: *In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission, and you must have been at least 40 years old at the time you believe that you were discriminated against.*

_____ Americans with Disability Act of 1990, as codified, 42 U.S.C. §§ 12112-12117.

NOTE: *In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*

_____ Pennsylvania Human Relations Act, as codified, 43 Pa. Cons. Stat. §§ 951-963 (race, color, family status, religious creed, ancestry, handicap or disability, age, sex, national origin, the use of a guide or support animal because of blindness, deafness or physical handicap of the user or because the user is a handler or trainer of support or guide animals).

NOTE: In order to bring suit in federal district court under the Pennsylvania Human Relations Act, you must first file a complaint with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations, and then you must wait one year prior to filing a lawsuit.

I. Parties in this complaint:

- A. List your name, address and telephone number. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name: _____
Street Address: _____
County, City: _____
State & Zip: _____
Telephone Number: _____

- B. List all defendants' names and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page. Attach additional sheets of paper as necessary.

Defendant Name: _____
Street Address: _____
County, City: _____
State & Zip: _____
Telephone Number: _____

- C. The address at which I sought employment or was employed by the defendant(s) is:

Employer: _____
Street Address: _____
County, City: _____
State & Zip: _____
Telephone Number: _____

II. Statement of the Claim

- A. The discriminatory conduct of which I complain in this action includes (*check only those that apply to your case*):

_____ Failure to hire me
_____ Termination of my employment
_____ Failure to promote me

- _____ Failure to reasonably accommodate my disability
- _____ Failure to reasonably accommodate my religion
- _____ Failure to stop harassment
- _____ Unequal terms and conditions of my employment
- _____ Retaliation
- _____ Other (*specify*): _____

NOTE: *Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court.*

B. It is my best recollection that the alleged discriminatory acts occurred or began on or about: (month)_____, (day)_____, (year)_____.

C. I believe that the defendant(s) (check one):

- _____ is still committing these acts against me.
- _____ is **not** still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check only those that apply and state the basis for discrimination, for example, what is your religion, if religious discrimination is alleged*):

- _____ race _____ color _____
- _____ religion _____ gender/sex _____
- _____ national origin _____
- _____ age My date of birth is _____ (*Give your date of birth only if you are asserting a claim of age discrimination*)

E. The facts of my case are as follow (*attach additional sheets of paper as necessary*):

NOTE: *As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, the Pennsylvania Human Relations Commission, or the Philadelphia Commission on Human Relations.*

III. Exhaustion of Administrative Remedies:

A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on: _____ (Date).

B. The Equal Employment Opportunity Commission (*check one*):

_____ has not issued a Notice of Right to Sue Letter.

_____ issued a Notice of Right to Sue Letter, which I received on _____ (Date).

NOTE: *Attach to this complaint a copy of the Notice of Right to Sue Letter from the Equal Employment Opportunity Commission.*

C. *Only plaintiffs alleging age discrimination must answer this question.*

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct (*check one*):

_____ 60 days or more have passed.

_____ fewer than 60 days have passed.

D. It is my best recollection that I filed a charge with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct on: _____ (Date).

E. Since filing my charge of discrimination with the Pennsylvania Human Relations Commission or the Philadelphia Commission on Human Relations regarding the defendant's alleged discriminatory conduct (*check one*):

_____ One year or more has passed.

_____ Less than one year has passed.

IV. Relief

WHEREFORE, Plaintiff prays that the Court grant such relief as may be appropriate, including injunctive orders, damages, and costs as well as (*check only those that apply*):

- _____ Direct the defendant to hire the plaintiff.
- _____ Direct the defendant to re-employ the plaintiff.
- _____ Direct the defendant to promote the plaintiff.
- _____ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- _____ Direct the defendant to reasonably accommodate the plaintiff's religion.
- _____ Direct the defendant to (*specify*):_____
- _____ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- _____ Other (*specify*):_____

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

Signed this ____ day of _____, 20__.

Signature of Plaintiff _____
Address _____

Telephone number _____
Fax number (*if you have one*) _____

UNITED STATES DISTRICT COURT

for the
Eastern District of Pennsylvania

Plaintiff/Petitioner

v.

Defendant/Respondent

)
)
)
)
)

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: _____

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property <i>(such as rental income)</i>	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (<i>such as social security, pensions, annuities, insurance</i>)	\$	\$	\$	\$
Disability (<i>such as social security, insurance payments</i>)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (<i>such as welfare</i>)	\$	\$	\$	\$
Other (<i>specify</i>):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. List your employment history for the past two years, most recent employer first. (*Gross monthly pay is before taxes or other deductions.*)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (*Gross monthly pay is before taxes or other deductions.*)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (<i>Value</i>)	\$
Other real estate (<i>Value</i>)	\$
Motor vehicle #1 (<i>Value</i>)	\$
Make and year:	
Model:	
Motor vehicle #2 (<i>Value</i>)	\$
Make and year:	
Model:	
Other assets (<i>Value</i>)	\$
Other assets (<i>Value</i>)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$	\$
Home maintenance <i>(repairs and upkeep)</i>	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card <i>(name):</i>	\$	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

PAE AO 239 (10/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$	\$
Other (<i>specify</i>):	\$	\$
Total monthly expenses:	\$	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☐ No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☐ No

If yes, how much? \$ _____

If yes, state the attorney's name, address, and telephone number:

11. Have you paid — or will you be paying — anyone other than an attorney (*such as a paralegal or a typist*) any money for services in connection with this case, including the completion of this form? ☐ Yes ☐ No

If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

12. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

13. Identify the city and state of your legal residence.

Your daytime phone number: _____

Your age: _____ Your years of schooling: _____

Last four digits of your social-security number: _____

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: _____

Address of Defendant: _____

Place of Accident, Incident or Transaction: _____

RELATED CASE, IF ANY:

Case Number: _____ Judge: _____ Date Terminated: _____

Civil cases are deemed related when **Yes** is answered to any of the following questions:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I certify that, to my knowledge, the within case ☐ **is** / ☐ **is not** related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: _____ **Must sign here** _____
Attorney-at-Law / Pro Se Plaintiff *Attorney I.D. # (if applicable)*

CIVIL: (Place a ✓ in one category only)

A. Federal Question Cases:

- ☐ 1. Indemnity Contract, Marine Contract, and All Other Contracts
 - ☐ 2. FEELA
 - ☐ 3. Jones Act-Personal Injury
 - ☐ 4. Antitrust
 - ☐ 5. Patent
 - ☐ 6. Labor-Management Relations
 - ☐ 7. Civil Rights
 - ☐ 8. Habeas Corpus
 - ☐ 9. Securities Act(s) Cases
 - ☐ 10. Social Security Review Cases
 - ☐ 11. All other Federal Question Cases
- (Please specify): _____

B. Diversity Jurisdiction Cases:

- ☐ 1. Insurance Contract and Other Contracts
 - ☐ 2. Airplane Personal Injury
 - ☐ 3. Assault, Defamation
 - ☐ 4. Marine Personal Injury
 - ☐ 5. Motor Vehicle Personal Injury
 - ☐ 6. Other Personal Injury (Please specify): _____
 - ☐ 7. Products Liability
 - ☐ 8. Products Liability – Asbestos
 - ☐ 9. All other Diversity Cases
- (Please specify): _____

ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, _____, counsel of record or pro se plaintiff, do hereby certify:

- ☐ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:
- ☐ Relief other than monetary damages is sought.

DATE: _____ **Sign here if applicable** _____
Attorney-at-Law / Pro Se Plaintiff *Attorney I.D. # (if applicable)*

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

**UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF PENNSYLVANIA**

Petitioner/Plaintiff

v.

Defendant(s)

:
:
:
:
:
:
:

Civil Action No.: _____

REQUEST FOR APPOINTMENT OF ATTORNEY

I, _____, Petitioner/Plaintiff, request appointment of counsel as provided
by 42 U.S.C. §2000e-5(f)(1).

1.) I have made a diligent effort to employ an attorney [check appropriate box(es)]:

☐

CONTACTED PRIVATE ATTORNEY(S)

(List all attorney(s) contacted and state why each is not representing you.)

☐

CONTACTED A LEGAL AID ORGANIZATION

(State when this organization was contacted and why it did not assist you.)



CONTACTED BAR ASSOCIATION LAWYER REFERRAL SERVICE, if available. (*State what assistance was provided.*)

2.) If unable to pay attorney's fees or costs - I am financially unable to hire counsel (Complete and file Form 3 - In Forma Pauperis Petition)

3.) I believe I have a claim against the following employer (Give name and address):

4.) The reason(s) for my claim are (Give brief employment history with dates and specific reasons for lawsuit):

I certify under the penalty of perjury that the foregoing statements are true and correct.

Signature

Date

**NOTICE TO PLAINTIFFS WITHOUT LAWYERS (*Pro Se*)
IN EMPLOYMENT DISCRIMINATION CASES
REGARDING APPOINTMENT OF COUNSEL**

The purpose of this notice is to inform plaintiffs in employment discrimination cases who are representing themselves, known as proceeding “*pro se*,” that the Court has established a panel of volunteer lawyers willing to represent *pro se* plaintiffs in employment discrimination cases by court appointment. If you are proceeding without a lawyer (*pro se*) and cannot afford a lawyer or are unable to hire a lawyer, you may request a lawyer from the panel by filing a motion for appointment of counsel.

If you would like the Court to place your case on the panel, you must complete the form motion and submit it to the Clerk of Court. It is the decision of the Judge assigned to your case whether to grant your request for counsel. If your request is granted, your case will be placed on the panel, which is a password-protected extranet site that can be viewed electronically by lawyers who are members of the panel. Your case will also be placed in “suspense” for a period of ninety days, which means that the case is on hold for that period of time to give lawyers on the panel time to review your case.

Placement of your case on the panel does not guarantee that your case will be accepted by a lawyer. Unless or until a lawyer files a notice of appearance officially notifying the Judge and other parties that he or she is your counsel of record, you are responsible for your own case. If a lawyer does not volunteer to represent you, you must represent yourself unless you are able to hire a lawyer.

If a lawyer on the panel is interested in your case, he or she will contact you about representing you. You will be required to sign a written representation agreement and cooperate with the lawyer throughout the case. Please note that if you are appointed a lawyer from the

panel you still may be required to pay a contingent fee for your lawyer's services or pay litigation costs. Once a lawyer from the panel has entered his or her appearance as your lawyer, Court approval will be required to terminate your lawyer's representation. After your lawyer has been appointed, the Court will schedule your case for an early mediation conference. If a lawyer is appointed to represent you, all communications with the Court should be through your attorney.

Please remember to keep your address and contact information current with the Court throughout your case so that you receive Court orders, and so that lawyers from the panel can contact you if your case is placed on the panel for appointment. The Court's local rules require you to update your address within two weeks of an address change.