## **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.

## EASTERN DISTRICT OF PENNSYLVANIA (In the space above enter the full name(s) of the plaintiff(s).) - against -**COMPLAINT** Jury Trial: ☐ Yes ☐ No (check one) (In the space above enter the full name(s) of the 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 I. Addresses should not be included here.) I. **Parties in this complaint:** A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary. Plaintiff Name Street Address County, City State & Zip Code Telephone Number

UNITED STATES DISTRICT COURT

В.	List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.				
Defendant No. 1		Name			
		Street Address			
		County, City			
		State & Zip Code			
Defendant No. 2		Name			
		Street Address			
		County, City			
		State & Zip Code			
Defendant No. 3		Name			
		Street Address			
		County, City			
		State & Zip Code			
Defenda	ant No. 4	Name			
		Street Address			
		County, City			
		State & Zip Code			
II.	Basis for Jurisdiction	:			
involvir case inv 1332, a	ng a federal question and volving the United States	ited jurisdiction. Only two types of cases can be heard in federal court: cases a cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § of one state sues a citizen of another state and the amount in damages is more than ship case.			
A.	What is the basis for federal court jurisdiction? (check all that apply) Q Federal Questions Q Diversity of Citizenship				
В.	If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?				

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	C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?			
		Plaintiff(s) state(s) of citizenship  Defendant(s) state(s) of citizenship			
	III.	Statement of Claim:			
	compl includ cite ar	as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this plaint is involved in this action, along with the dates and locations of all relevant events. You may wish to de further details such as the names of other persons involved in the events giving rise to your claims. Do not any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a rate paragraph. Attach additional sheets of paper as necessary.			
	A.	Where did the events giving rise to your claim(s) occur?			
	В.	What date and approximate time did the events giving rise to your claim(s) occur?			
/hat pened you?	C.	Facts:			
/ho did vhat?					
Was nyone else rolved?					
o else / what pened?					

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IV.	Injuries:
	sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, equired and received.
you ic	iquired and received.
V.	Relief:
State v	what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and
	sis for such compensation.

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Signed t	this day of	, 20		
		Signature of Plaintiff		
	I	Fax Number (if you have one)  E-mail Address		
Note:	All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.			
For Prise	isoners:			
this com		day of, 20, I am delivering ed to the Clerk's Office of the United States District Court for the		
		Signature of Plaintiff:		
		Inmate Number		

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

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