

**REQUEST FOR CIVIL COMPLAINT FORMS**

THE FOLLOWING INFORMATION WILL BE NEEDED IN ORDER TO SUPPLY ANY FORMS TO THE REQUESTOR.

THE FORM MUST BE COMPLETED TO ASSURE THE CORRECT NUMBER OF FORMS TO BE RETURNED TO THE REQUESTOR.

\_\_\_ I HEREBY REQUEST AN APPLICATION TO FILE WITHOUT PREPAYMENT OF FEES. IF APPROVED FOR INCARCERATED PLAINTIFFS, A SCHEDULE FOR PAYMENT OF THE \$350.00 FILING FEE WILL BE SET BY THE COURT.

\_\_\_ THE NUMBER OF DEFENDANTS I WISH TO LIST IN MY COMPLAINT.

PLAINTIFF: \_\_\_\_\_ PRISONER #: \_\_\_\_\_

NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDITIONAL PLAINTIFF(S): (NAME AND ADDRESSES REQUIRED) (USE ADDITIONAL SHEET IF NEEDED)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DEFENDANT(S): (USE ADDITIONAL SHEET IF NEEDED)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_