

AMENDED COMPLAINT
(for filers who are prisoners without lawyers)

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

(Full name of plaintiff)

v.

Case Number:

(Full name of defendant(s))

(to be supplied by Clerk of Court)

A. PARTIES

1. Plaintiff is a citizen of _____, and is located at
(State)

(Address of prison or jail)

2. Defendant _____ (Name)

is (if a person or private corporation) a citizen of _____
(State, if known)

and (if a person) resides at _____
(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for _____
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

C. JURISDICTION

I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR

I am suing under state law. The state citizenship of the plaintiff is different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$_____.

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

E. JURY DEMAND

I want a jury to hear my case.

– YES

– NO

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

Complaint signed this _____ day of _____ 20_____.

Respectfully Submitted,

Signature of Plaintiff

Plaintiff's Prisoner ID Number

(Mailing Address of Plaintiff)