

1 discuss the case and to obtain and present settlement offers or proposals. The discussions
2 and negotiations that occur during the mediation conference are confidential. The judges
3 assigned to this case will not be informed by the mediator or by any party or attorney
4 about what was discussed or what offers were made during the mediation conference.
5 Each party must make a good faith effort to settle the case based on a fair and reasonable
6 view of the facts and the law. Because there will be limited time to complete the
7 mediation conference, the parties must be prepared to quickly focus on the important
8 issues.
9
10
11

12 **II. Video Conference**

13 The Attorney General's Office must make the necessary arrangements for Plaintiff
14 to appear by video conference from the prison. The mediator, Defendants, and their
15 attorneys will participate by video conference from 1601 West Jefferson Street, Phoenix,
16 Arizona.
17

18 **III. Settlement Authority**

19 Representatives of the Arizona Department of Corrections and Corizon who have
20 full authority to settle this case are required to attend the mediation conference.
21

22 **IV. Medical Records Release**

23 Plaintiff must immediately complete and submit to prison officials the Medical
24 Authorization for Release of Information and Documents form attached to this Order.
25 Upon receipt of the completed Medical Authorization form, prison officials must
26 immediately transmit it to Assistant Arizona Attorney General Michael Gottfried. The
27
28

1 completed form will authorize the parties and the mediator to have access to Plaintiff's
2 prison medical records, which are at issue in this case.

4 **V. The Confidential Mediation Statement**

5 Prior to the mediation conference, Plaintiff and Defendants must send their
6 confidential mediation statements for the mediator's review. The confidential mediation
7 statement is intended to provide the mediator with necessary information to understand
8 each party's position and to prepare for and properly conduct the mediation conference.
9 The mediator will be better able to assist in settling the case if the parties' mediation
10 statements provide accurate and straightforward information about the facts and issues in
11 the case. **The mediation statement should focus on the facts**—a detailed legal analysis
12 is not necessary. The mediation statement must not be sent to the opposing party or
13 opposing party's attorney. The judges assigned to this case will not see or review the
14 mediation statements. After the mediation has ended, the mediation statements will be
15 shredded to ensure confidentiality.

16 Each party's confidential mediation statement is limited to seven (7) pages and
17 should contain the following information:

- 18 1. A discussion of the relevant facts involved in the case;
- 19 2. A brief discussion of the legal issues involved in the case;
- 20 3. A discussion of the strongest points in your case and a frank discussion of
21 the weakest points in your case;
- 22 4. State the settlement that you believe would be fair to settle this case;

1
2 5. Also state the settlement that you would honestly be willing to accept in
3 order to settle this case even if it less favorable to you than the settlement you believe is
4 fair; and

5
6 6. You may attach to your statement documents or exhibits which are
7 especially relevant to key factual or legal issues.

8 The mediation statement should be in an envelope clearly marked “**Confidential**
9 **Mediation Statement—Do Not File.**” The mediation statements must be mailed or
10 emailed (**do not submit the statement electronically**) to:

11
12 Attn: Senior Staff Attorney
13 United States Courthouse
14 401 W. Washington St., SPC 10
Phoenix, Arizona 85003-2119

15 The mediation statements must be received no later than Friday, September 13, 2013.

16
17 **The confidential mediation statement is for the mediator only. Do not file the**
18 **confidential mediation statement with the district court clerk’s office and do not**
19 **send a copy of it to the opposing party or the opposing party’s attorney.**

20 **V. Sanctions for Failure to Attend Mediation Conference**

21
22 If a party or its attorney fails to have the necessary persons with settlement
23 authority physically present during the mediation conference, the mediator may cancel
24 the mediation conference. The mediator will promptly notify the Court of the reason for
25 the cancellation and the Court may require the party or its attorney to pay the reasonable
26 expenses of the other parties or the mediator caused by the cancellation. The Court may
27 also impose additional sanctions on the party or its attorney if facts and circumstances
28

1
2 justify such sanctions.

3 **IT IS FURTHER ORDERED:**

4 1. A decision on Plaintiff's application to proceed *in forma pauperis* is
5 **deferred** for 90 days.

6
7 2. This action is **stayed** for 90 days to allow Plaintiff and Defendants an
8 opportunity to settle their dispute before the \$350.00 filing fee is assessed, an answer is
9 filed, or the discovery process begins. During this 90-day stay period, no other pleadings
10 or papers may be filed in this case, and the parties must not engage in any discovery.

11
12 3. If the case settles, Plaintiff will not be required to pay the filing fee. If the
13 case does not settle, Plaintiff will be required to pay the full \$350.00 filing fee. This fee
14 cannot be waived. If Plaintiff is allowed to proceed *in forma pauperis*, he will be
15 required to pay the fee in installments from his prison trust account. 28 U.S.C. § 1915(b).
16 If Plaintiff is not allowed to proceed *in forma pauperis*, a \$400.00 must be paid in full
17 immediately or the case will be dismissed.

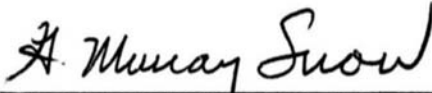
18
19
20 4. If the case does not settle, the Court will screen Plaintiff's Amended
21 Complaint and may dismiss some or all of Plaintiff's claims or set a date for the
22 defendants to file an answer or other response.

23
24 5. The Clerk must electronically **serve** a copy of this Order and a copy of
25 Plaintiff's Complaint (Doc. 1) on Assistant Arizona Attorney General Michael Gottfried
26 and Corizon's attorney J. Scott Conlon. Mr. Gottfried must provide a copy of this Order
27 to Plaintiff as expeditiously as possible.
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6. The Attorney General's Office and Corizon's attorney must enter a limited notice of appearance on behalf of Defendants for the purpose of settlement. No defenses or objections, including lack of service, are waived as a result of the filing of the limited notice of appearance.

Dated this 9th day of August, 2013.



G. Murray Snow
United States District Judge

Early Mediation Conference Preparation

Mediation conferences are more effective if all parties and their attorneys are prepared. Experience shows that the party who is best prepared usually obtains the best result in settlement negotiations. To be effective in presenting your case and settlement position during the mediation, you should consider the following:

A. Format of Mediation Conference

The mediator will meet separately and privately with each party to discuss the case and will speak directly with each party, even if the party is represented by an attorney. The mediator will not, however, meet with any party who is represented by an attorney outside the presence of his or her attorney.

B. Issues

1. What issues need to be settled? In some cases, this may include the issues that are not part of the claims in the lawsuit, but whose settlement could assist in settling the claims in the case. What are the strengths and weaknesses of your position on each issue? What is your best argument?
2. What remedy or remedies is the plaintiff seeking. Does he want an injunction, i.e., a change in conditions of imprisonment? What remedies is each party willing to offer or accept in order to settle this case?
3. Is there any other pending lawsuit or planned lawsuit that affects the settlement of this case?

C. Negotiations

1. Will discussions with the opposing party before the mediation conference make it more likely that a settlement will be made? If so, the parties are encouraged to contact each other and meet prior to the mediation conference.
2. Think about what a reasonable, realistic settlement would look like. Think about value from the opposition's point of view. Be prepared to discuss different viewpoints.

3. Is there confidential information which affects the case? Why can't—won't—shouldn't it be disclosed to the other party? How can the other party be persuaded to settle if it doesn't have this information?
4. What happens if you don't settle the case at the mediation? What is your best alternative to a negotiated settlement? Why? What might change the outcome of the settlement conference? Pending motions, discovery, expert's report, etc.

D. Closing

1. If settlement is reached, a record of the terms of the settlement will be filed with the Court.
2. Have you considered the form of the settlement agreement?
3. If settlement is not reached, and further discovery is needed, what is your plan for continuing settlement discussions? Do you want court involvement in these talks?
4. If settlement is not reached, be prepared to again discuss settlement with the opposing party as the case proceeds and each side gains more understanding about the case and the other side's position.



OFFICE OF ATTORNEY GENERAL TOM HORNE
CIVIL DIVISION / LIABILITY MANAGEMENT SECTION

MEDICAL AUTHORIZATION
FOR RELEASE OF INFORMATION AND DOCUMENTS

TO: Arizona Department of Corrections
1601 West Jefferson Street
Phoenix, AZ 85007

RE: Patient / Inmate Name: _____
ADC # _____
DOB: _____
SSN: _____
Case Name: _____
Case No.: _____

SEND TO: **ATTN:** _____,
Assistant Attorney General
OFFICE OF THE ATTORNEY GENERAL
Civil Division – Liability Management Section – ADC Unit
1275 West Washington Street
Phoenix, Arizona 85007-2926

The undersigned individual authorizes the release of any and all documents and records contained in the patient's files relating to reports, inpatient, outpatient, emergency room, personal physician care, treatment, and any and all other matters relating to patient's medical and/or psychological condition. These records include, but are not limited to, records of testing and/or treatments of AIDS and AIDS related diseases, records of treatment for drug/alcohol abuse and/or psychiatric illness, all diagnostic testing, MRIs, CT Scans, X-rays, imagings, correspondence, referrals, consultations, telephone contacts, handwritten or typed notes, letters, correspondence, and insurance/billing information. The undersigned patient specifically authorizes the assigned Assistant Attorney General to contact the patient's health care providers and authorizes the providers to consult with and/or release of any and all information or opinions regarding the patient's medical and/or psychological condition and/or care, as well as use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC § 1320d and 45 CFR 160-164.

A photostatic or facsimile copy of this authorization shall be considered as effective as the original. Further, this authorization will remain in effect until this matter has been concluded (*i.e.*, dismissal, entry of judgment, etc.) in the above-referenced matter.

SIGNED this ____ day of _____, 20__

SIGNATURE of Inmate

WITNESSED this ____ day of _____, 20__ by _____.

PRINT Officer Name and Badge #

SIGNATURE of Officer and Badge #



OFFICE OF ATTORNEY GENERAL TOM HORNE
CIVIL DIVISION / LIABILITY MANAGEMENT SECTION

RECEIPT OF MEDICAL RECORDS
WAIVER OF LIABILITY

TO: Arizona Department of Corrections
1601 West Jefferson Street
Phoenix, AZ 85007

RE: Patient / Inmate Name: _____
ADC #: _____
Case Name: _____
Case No.: _____

SEND TO: **ATTN:** _____,
Assistant Attorney General
OFFICE OF THE ATTORNEY GENERAL
Civil Division – Liability Management Section – ADC Unit
1275 West Washington Street
Phoenix, Arizona 85007-2926

I, the undersigned individual, authorize the Arizona Department of Corrections (“ADC”) to release into my possession, relevant copies of my ADC medical record. These copies are necessary for my own use in a lawsuit against the ADC.

In accepting copies of these medical records, I relieve the ADC of the responsibility for the confidentiality and security of the medical record copies and/or the medical information contained therein, which will be in my possession.

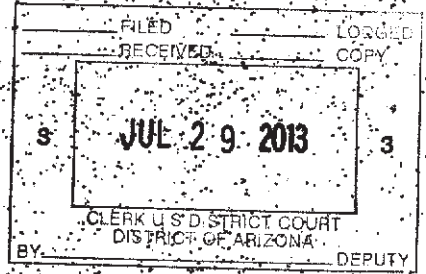
SIGNED this ____ day of _____, 20__

SIGNATURE of Inmate

WITNESSED this ____ day of _____, 20__ by _____

PRINT Officer Name and Badge #

SIGNATURE of Officer and Badge #



Michael Roper 168146
Name and Prisoner/Booking Number
Tucson Complex / Rincon unit
Place of Confinement
10000 S Wilmat Rd
Mailing Address
Tucson, AZ 85734
City, State, Zip Code

(Failure to notify the Court of your change of address may result in dismissal of this action.)

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

Roper Michael
(Full Name of Plaintiff) Plaintiff,

CIV 13 - 724 TUC DCB

vs.

CASE NO. (To be supplied by the Clerk)

(1) Harvey Matthew
(Full Name of Defendant)

(2) Roberson David D M: D

(3) Moysa Joseph

(4) Tracy Bartuccio
Charlie Ryan Defendant(s)

Check if there are additional Defendants and attach page 1-A listing them.

CIVIL RIGHTS COMPLAINT
BY A PRISONER

- Original Complaint
First Amended Complaint
Second Amended Complaint

A. JURISDICTION

- This Court has jurisdiction over this action pursuant to:
[X] 28 U.S.C. § 1343(a); 42 U.S.C. § 1983
[] 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).
[] Other:

Institution/city where violation occurred: Tucson complex / Rincon

B. DEFENDANTS

- 1. Name of first Defendant: Harvey Matthew The first Defendant is employed as:
Health Management at Rincon unit
(Position and Title) (Institution)
- 2. Name of second Defendant: Robert Oson David M.D The second Defendant is employed as:
Medical Provider at Rincon unit
(Position and Title) (Institution)
- 3. Name of third Defendant: Moyses Joseph M.D The third Defendant is employed as:
Medical Provider at Rincon unit
(Position and Title) (Institution)
- 4. Name of fourth Defendant: Charlie Ryan The fourth Defendant is employed as:
Director at Central Office
(Position and Title) (Institution)

Tracy Bartuccio
Correctional Officer Rincon unit

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? Yes No

2. If yes, how many lawsuits have you filed? 0 Describe the previous lawsuits:

a. First prior lawsuit:

- 1. Parties: N/A v. N/A
- 2. Court and case number: None
- 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

b. Second prior lawsuit:

- 1. Parties: N/A v. N/A
- 2. Court and case number: None
- 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

c. Third prior lawsuit:

- 1. Parties: N/A v. N/A
- 2. Court and case number: None
- 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) N/A

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

COUNT I

1. State the constitutional or other federal civil right that was violated: Under the Eighth Amendment you are entitled to Medical care for serious medical needs "medical needs that have been diagnosed by a physician"

2. Count I. Identify the issue involved. Check only one. State additional issues in separate counts.

- Basic necessities
- Mail
- Access to the court
- Medical care
- Disciplinary proceedings
- Property
- Exercise of religion
- Retaliation
- Excessive force by an officer
- Threat to safety
- Other: _____

3. Supporting Facts. State as briefly as possible the FACTS supporting Count I. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

In the month of February 2012 I was examined by Arizona department of correction medical provider White. I have been complaining of severe abdominal pain after the examination I was informed by the provider (White) that I had a hernia, he proscribed no physical activities and pain medication until further notice. The provider also proscribed pain medication and further testing as well. Nothing happened for several months so I submitted another health request form with no response. This went on for several months (up to nearly a year) I then filed an informal resolution with the correctional officer [Christos] in which I was informed to continue with the pain medication and physician has not authorized the surgical re-evaluation at that time. Also informed to file additional health request forms to have this or be placed on the provider line, in which I did. At which time I saw provider Robertson and he stated I needed surgery for the hernia. Because the pain would not or will continue to be there, so I filed a grievance at this time. The correctional officer [Bertucci] (grievance coordinator) informed me that the Department of corrections (Arizona) would not evaluate me for surgery. I appealed to Central Office Director of Prison of Arizona state (Charlie Ryan) He denied my request for surgery as well. But his reasons are not valid because I have the criteria that the medical records states and I am still in pain medication and limited to my daily activities.

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

5. Administrative Remedies:

- a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
- b. Did you submit a request for administrative relief on Count I? Yes No
- c. Did you appeal your request for relief on Count I to the highest level? Yes No
- d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. N/A

COUNT II

1. State the constitutional or other federal civil right that was violated: N/A

2. Count II. Identify the issue involved. Check only one. State additional issues in separate counts.
 Basic necessities Mail Access to the court Medical care
 Disciplinary proceedings Property Exercise of religion Retaliation
 Excessive force by an officer Threat to safety Other: _____

3. Supporting Facts. State as briefly as possible the FACTS supporting Count II. Describe exactly what each Defendant did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

N/A

4. Injury. State how you were injured by the actions or inactions of the Defendant(s).

5. Administrative Remedies.
a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? Yes No
b. Did you submit a request for administrative relief on Count II? Yes No
c. Did you appeal your request for relief on Count II to the highest level? Yes No
d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

E. REQUEST FOR RELIEF

State the relief you are seeking:

Monetary Relief pain and suffering \$ 50,000.00 also
Surgery

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

Executed on _____
DATE

Michael Repik
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.

4. Do you have any other sources of income, savings, or assets either inside or outside of the institution where you are confined? Yes No
If "Yes," state the sources and amounts of the income, savings, or assets. _____

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

7-23-13
DATE

Michael Russell
SIGNATURE OF APPLICANT

CONSENT TO COLLECTION OF FEES FROM TRUST ACCOUNT

I, _____, hereby consent to having the designated correctional officials at this institution release to the Court my trust account information. I further consent to having the designated correctional officials at this institution withdraw from my trust account the funds required to comply with the order of this Court for the payment of filing fees in accordance with 28 U.S.C. § 1915(b).

My consent includes withdrawal from my account by correctional officials of partial initial payments to this Court equal to 20% of the greater of:

- (A) the average monthly deposits to my account for the six-month period preceding my filing of this action, or
- (B) the average monthly balance in my account for the six-month period preceding my filing of this action.

My consent also includes monthly withdrawals from my account by correctional officials of an amount equal to 20% of each month's income. Whenever the amount in my account reaches \$10, correctional officials will withdraw that amount and forward it to the Court until the required filing fee is paid in full. I understand that I am liable for paying the entire fee, even if my case is dismissed by the Court before the fee is fully paid.

7-23-13
DATE

Michael Russell
SIGNATURE OF APPLICANT

CERTIFICATE OF CORRECTIONAL OFFICIAL
AS TO STATUS OF APPLICANT'S TRUST ACCOUNT

I, _____, certify that as of the date applicant signed this application:
(Printed name of official)

The applicant's trust account balance at this institution is: \$ _____
The applicant's average monthly deposits during the prior six months is: \$ _____
The applicant's average monthly balance during the prior six months is: \$ _____
The attached certified account statement accurately reflects the status of the applicant's account.

DATE AUTHORIZED SIGNATURE TITLE/ID NUMBER INSTITUTION

Fed. 1983

**Instructions for a Prisoner Filing a Civil Rights Complaint
in the United States District Court for the District of Arizona**

1. **Who May Use This Form.** The civil rights complaint form is designed to help incarcerated persons prepare a complaint seeking relief for a violation of their federal civil rights. These complaints typically concern, but are not limited to, conditions of confinement. This form should not be used to challenge your conviction or sentence. If you want to challenge a state conviction or sentence, you should file a petition under 28 U.S.C. § 2254 for a writ of habeas corpus by a person in state custody. If you want to challenge a federal conviction or sentence, you should file a motion under 28 U.S.C. § 2255 to vacate sentence in the federal court that entered the judgment.
2. **The Form.** Local Rule of Civil Procedure (LRCiv) 3.4(a) provides that complaints by incarcerated persons must be filed on the court-approved form. The form must be typed or neatly handwritten. The form must be completely filled in to the extent applicable. All questions must be answered clearly and concisely in the appropriate space on the form. If needed, you may attach additional pages, but no more than fifteen additional pages, of standard letter-sized paper. You must identify which part of the complaint is being continued and number all pages. If you do not fill out the form properly, you will be asked to submit additional or corrected information, which may delay the processing of your action. You do not need to cite law.
3. **Your Signature.** You must tell the truth and sign the form. If you make a false statement of a material fact, you may be prosecuted for perjury.
4. **The Filing Fee.** The filing fee for this action is \$350.00. If you are unable to immediately pay the filing fee, you may request leave to proceed *in forma pauperis*. Please review the "Information for Prisoners Seeking Leave to Proceed with a (Non-Habeas) Civil Action in Federal Court *In Forma Pauperis* Pursuant to 28 U.S.C. § 1915" for additional instructions.
5. **Original and Judge's Copy.** You must send an original plus one copy of your complaint and of any other documents submitted to the Court. You must send one additional copy to the Court if you wish to have a file-stamped copy of the document returned to you. All copies must be identical to the original. Copies may be legibly handwritten.
6. **Where to File.** You should file your complaint in the division where you were confined when your rights were allegedly violated. See LRCiv 5.1(a) and 77.1(a). If you were confined in Maricopa, Pinal, Yuma, La Paz, or Gila County, file in the Phoenix Division. If you were confined in Apache, Navajo, Coconino, Mohave, or Yavapai County, file in the Prescott Division. If you were confined in Pima, Cochise, Santa Cruz, Graham, or Greenlee County, file in the Tucson Division. Mail the original and one copy of the complaint with the \$350 filing fee or the application to proceed *in forma pauperis* to:

Phoenix & Prescott Divisions: OR
U.S. District Court Clerk
U.S. Courthouse, Suite 130
401 West Washington Street, SPC 10
Phoenix, Arizona 85003-2119

Tucson Division:
U.S. District Court Clerk
U.S. Courthouse, Suite 1500
405 West Congress Street
Tucson, Arizona 85701-5010

7. Change of Address. You must immediately notify the Court and the defendants in writing of any change in your mailing address. Failure to notify the Court of any change in your mailing address may result in the dismissal of your case.

8. Certificate of Service. You must furnish the defendants with a copy of any document you submit to the Court (except the initial complaint and application to proceed *in forma pauperis*). Each original document (except the initial complaint and application to proceed *in forma pauperis*) must include a certificate of service on the last page of the document stating the date a copy of the document was mailed to the defendants and the address to which it was mailed. See Fed. R. Civ. P. 5(a), (d). Any document received by the Court that does not include a certificate of service may be stricken. A certificate of service should be in the following form:

I hereby certify that a copy of the foregoing document was mailed
this _____ (month, day, year) to:

Name: _____

Address: _____

Attorney for Defendant(s)

(Signature)

9. Amended Complaint. If you need to change any of the information in the initial complaint, you must file an amended complaint. The amended complaint must be written on the court-approved civil rights complaint form. You may file one amended complaint without leave (permission) of Court before any defendant has answered your original complaint. See Fed. R. Civ. P. 15(a). After any defendant has filed an answer, you must file a motion for leave to amend and lodge (submit) a proposed amended complaint. LRCiv 15.1. In addition, an amended complaint may not incorporate by reference any part of your prior complaint. LRCiv 15.1(a)(2). Any allegations or defendants not included in the amended complaint are considered dismissed. All amended complaints are subject to screening under the Prison Litigation Reform Act; screening your amendment will take additional processing time.

10. Exhibits. You should not submit exhibits with the complaint or amended complaint. Instead, the relevant information should be paraphrased. You should keep the exhibits to use to support or oppose a motion to dismiss, a motion for summary judgment, or at trial.

11. Letters and Motions. It is generally inappropriate to write a letter to any judge or the staff of any judge. The only appropriate way to communicate with the Court is by filing a written pleading or motion.

12. Completing the Civil Rights Complaint Form.

HEADING:

1. Your Name. Print your name, prison or inmate number, and institutional mailing address on the lines provided.
2. Defendants. If there are four or fewer defendants, print the name of each. If you name more than four defendants, print the name of the first defendant on the first line, write the words "and others" on the second line, and attach an additional page listing the names of all of the defendants. Insert the additional page after page 1 and number it "1-A" at the bottom.
3. Jury Demand. If you want a jury trial, you must write "JURY TRIAL DEMANDED" in the space below "CIVIL RIGHTS COMPLAINT BY A PRISONER." Failure to do so may result in the loss of the right to a jury trial. A jury trial is not available if you are seeking only injunctive relief.

Part A. JURISDICTION:

1. Nature of Suit. Mark whether you are filing the complaint pursuant to 42 U.S.C. § 1983 for state, county, or city defendants; "Bivens v. Six Unknown Federal Narcotics Agents" for federal defendants; or "other." If you mark "other," identify the source of that authority.
2. Location. Identify the institution and city where the alleged violation of your rights occurred.
3. Defendants. Print all of the requested information about each of the defendants in the spaces provided. If you are naming more than four defendants, you must provide the necessary information about each additional defendant on separate pages labeled "2-A," "2-B," etc., at the bottom. Insert the additional page(s) immediately behind page 2.

Part B. PREVIOUS LAWSUITS:

You must identify any other lawsuit you have filed in either state or federal court while you were a prisoner. Print all of the requested information about each lawsuit in the spaces provided. If you have filed more than three lawsuits, you must provide the necessary information about each additional lawsuit on a separate page. Label the page(s) as "2-A," "2-B," etc., at the bottom of the page and insert the additional page(s) immediately behind page 2.

Part C. CAUSE OF ACTION:

You must identify what rights each defendant violated. The form provides space to allege three separate counts (one violation per count). If you are alleging more than three counts, you must provide the necessary information about each additional count on a separate page. Number the additional pages "5-A," "5-B," etc., and insert them immediately behind page 5. Remember that you are limited to a total of fifteen additional pages.

1. Counts. You must identify which civil right was violated. You may allege the violation of only one civil right per count.
2. Issue Involved. Check the box that most closely identifies the issue involved in your claim. You may check only one box per count. If you check the box marked "Other," you must identify the specific issue involved.
3. Supporting Facts. After you have identified which civil right was violated, you must state the supporting facts. Be as specific as possible. You must state what each individual defendant did to violate your rights. If there is more than one defendant, you must identify which defendant did what act. You also should state the date(s) on which the act(s) occurred, if possible.
4. Injury. State precisely how you were injured by the alleged violation of your rights.
5. Administrative Remedies. You must exhaust any available administrative remedies before you file a civil rights complaint. See 42 U.S.C. § 1997e. Consequently, you should disclose whether you have exhausted the inmate grievance procedures or administrative appeals for each count in your complaint. If the grievance procedures were not available for any of your counts, fully explain why on the lines provided.

Part D. REQUEST FOR RELIEF:

Print the relief you are seeking in the space provided.

SIGNATURE:

You must sign your name and print the date you signed the complaint. Failure to sign the complaint will delay the processing of your action. Unless you are an attorney, you may not bring an action on behalf of anyone but yourself.

FINAL NOTE

You should follow these instructions carefully. Failure to do so may result in your complaint being stricken or dismissed. All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number the pages.

INMATE MAIL - ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Michael Lopez
ADOC# 168796
Arizona State Prison Complex Tucson
Unit Prison 24403
City Tucson AZ 85734

Arizona Department of Corrections
LEGAL MAIL

RECEIVED

JUL 28 2013

CLERK OF THE COURT
UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ARIZONA

*Clerk, United States District Court
Sandra Day O'Connor
U.S. Courthouse Suite 130
401 W Washington ST
Phoenix AZ 85003-2113*

