

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

ORIGINAL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

MATSUMOTO, J.
REYES, M.J.

Derek Raymond Franks
Full name of plaintiff/prisoner ID# 12A1986

CV 13 - 6254

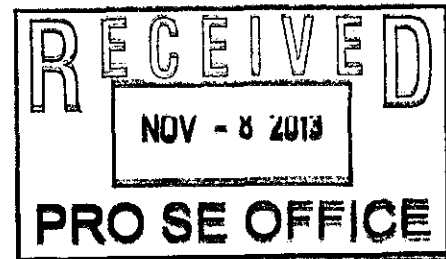
Plaintiff,

JURY TRIAL DEMAND
YES ☒ NO ☐

-against-
City of New York et. al.

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.



I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No ()
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it
appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: _____

A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the prisoner
grievance procedure? Yes () No ()

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not _____

E. If there is no prison grievance procedure in the institution, did you complain
to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Derek R. Franks

Address Southport Correctional Facility PO Box 2000
Pine City NY 14871-2000

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

P.O Danielle Donoghue
120 Precient Staten Island
NY 28 Richmond terr

Defendant No. 2

Michele Mazza
120 Precient 28 Richmond terr
28 Richmond terr Staten Island NY
10301

Defendant No. 3

Frank Muirhead
120 Precient 28 Precient Staten
Island NY 10301

Defendant No. 4

Robert woodhouse
120 Precient 28 Richmond terr
Staten Island NY 10301

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

On Nov 8th 2010 while enroute to public transportation I notice my friend Meland Whistleon being wheeled in a wheelchair, and showing concern for my friend I went over to him to see if I could do anything for him such as: call his family etc etc. However while speaking to Mr. Whistleon (Fore) No apparent reasons Officer Muirhead and officer Woodhouse approached me and asked me to step back. However before I could adhere to there command or order, for (No) provocation, officer Muirhead

Cont -

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

As A Result of this event I suffer facial lacerations Two Black eyes bruising and swelling to my forehead Broken bones in my face and A fracture wrist I was treated at Saint Vincent medical center Staten Island N.Y. Follow up treatment I Staten Island hospital Staten Island N.Y.

V. Relief:

State what relief you are seeking if you prevail on your complaint.

The relief I'm seeking is \$350,000
three hundred fifty thousand in
compensatory and punitive
Damages

I declare under penalty of perjury that on 10-28-2013 I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 28 day of Oct, 2013. I declare under penalty of
perjury that the foregoing is true and correct.

Derek Frankes

Signature of Plaintiff

Southport Correctional Facility

Name of Prison Facility

Po Box 2000

Pine city NY

14871-2000

Address

12A 1986

Prisoner ID#

^{and} Officer woodhouse became very Aggressive and commense Assaulting me. I was punched and Kick in my face And body while being held down by the four officers and firemen who where At the scene. This all happen At 83 ThompsonSt Staten Island NY 10304

ORIGINAL

UNITED STATES DISTRICT COURT

**EASTERN DISTRICT OF NEW YORK
PRO SE OFFICE
U.S. COURTHOUSE
225 CADMAN PLAZA EAST
BROOKLYN, NEW YORK 11201**

INSTRUCTIONS FOR FILING A CIVIL RIGHTS COMPLAINT

Attached is a complaint form for filing an action under 42 U.S.C. § 1983. Observe the following instructions for completing the complaint:

1. **Caption:** It is very important, if possible, that you state the first and last name of each defendant and badge number, if appropriate. You are required to furnish the correct name and address of each person so that service of process upon each defendant can be made.
2. **Contents:** The form should be fully completed. It can be typewritten or handwritten. It must be legible. If you need more space to answer a question, attach a separate sheet of 8 ½ by 11 paper to your complaint. You are required to state facts, such as the date and location of the events. You need not make legal arguments or cite to cases. The complaint must have an original (not photocopied) signature by each plaintiff. The complaint need not be notarized.
3. **Copies:** You must send the Court the original complaint and two exact copies (a complete set of three). You should keep another copy for your records. Copies can be xeroxed, handwritten or typewritten, but all copies must be identical to the original.
4. **Fee:** The filing fee is **\$350**, payable to the Clerk of the Court, USDC, EDNY by certified check, bank check, personal check, money order or cash (if paying in person). If the filing fee is paid, the U.S. Marshal will not be directed to serve the defendants and plaintiff will be responsible for service of process on defendants. Service of the summons and complaint can be made by anyone over the age of 18 who is not a party to the action. See Fed. R. Civ. P. 4.
5. **Inability to Pay the Fee:** If you cannot pay the fee, you may apply to the Court to proceed *in forma pauperis* (IFP) pursuant to 28 U.S.C § 1915 by completing the attached form. If there is more than one plaintiff, each plaintiff must provide a separate declaration in support of the request to proceed *in forma pauperis*. If you are a prisoner, you must also complete the attached Prisoner Authorization form.

When you have completed the forms, mail the original and 2 copies to the United States District Court, EDNY, 225 Cadman Plaza East, Brooklyn, NY 11201
Attention: Pro Se Office or on Long Island to: Clerk of United States District Court, EDNY, 100 Federal Plaza, Central Islip, NY 11722.

This instruction page need not be copied or submitted. Remember to keep a copy of the completed complaint for your records.