Case 1:15-cv-05208-CBA-JO Document 1 Filed 10/14/14 UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	Page 1 of 4 PageID #: 1
Henry Abraham	0234
(In the space above enter the full name(s) of the plaintiff(s).) -against-	COMPLAINT
New York City Police Dept. N.Y.P.D. Officer, Hugh Henbert N.Y.P.D Officer, James Lukeson Kings County Court Judge Mark Dwyen Kings County District Attorney's Office New York City Dept. of Connections.	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.)	OCT 14 2014 PRO SE O
I. Parties in this complaint:	and the first of the first of the second
A. List your name, address and telephone number. If you are identification number and the name and address of your current for any additional plaintiffs named. Attach additional sheets	nt place of confinement. Do the same
Plaintiff Name Henry Abraham, Din Street Address Bare Hill Conn. Fac, 19 County, City Franklin, Malone State & Zip Code New York 129. Telephone Number	
B. List all defendants. You should state the full name of the conservation of the degovernment agency, an organization, a corporation, or an interaction of the defendant may be served. Make sure that the defendant contained in the above caption. Attach additional sheets of	dividual. Include the address where t(s) listed below are identical to those
Defendant No. 1 Name N.Y.P.D. Officers, Hu Street Address 60th Precient, 2951	gh Henbert & James Wiceso W. 8th st.

	County, City Kings, Brooklyn State & Zip Code N. Y. 11224
	Telephone Number
Defendant No. 2	Name Mark Duyer, Kings Co. Court Judge Street Address 320 Jan St. County, City Kings, Brooklyn State & Zip Code N.Y. 11201 Telephone Number
Defendant No. 3	Name Kings County District Attorneys office Street Address 350 Jay St. County, City Kings, Brooklyn State & Zip Code Ny. 11201 Telephone Number
Defendant No. 4	Name New York City Dept. of Connections Street Address 10-00 Hazen St. County, City Queens, E. Elmhurst. State & Zip Code N.Y. 11370 Telephone Number —
II. Basis for Juri	sdiction:
cases involving a feder U.S.C. § 1331, a case question case. Under	rts of limited jurisdiction. Only two types of cases can be heard in federal court: ral question and cases involving diversity of citizenship of the parties. Under 28 e involving the United States Constitution or federal laws or treaties is a federal 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another a damages is more than \$75,000 is a diversity of citizenship case.
A. What is the bas	sis for federal court jurisdiction? (check all that apply)
Federal Que	estions Diversity of Citizenship
is at issue? C	urisdiction is Federal Question, what federal Constitutional, statutory or treaty right in Rights Violations, illegal & whongful annest, too of chanacter, Rights to a speed of trial, of privacy & Judicial Misconduct.
C. If the basis for	jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?
, ,	e(s) of citizenship New York tate(s) of citizenship New York
	

III. Statement of Claim:

State as briefly as possible the <u>facts</u> of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

Where did the events giving rise to your claim(s) occur? When I proceedings & while What date and approximate time did the events giving rise to your claim(s) occur? $\frac{+n}{2}$ thru May/June annest on 6/6/12 Was anyone against

Who else happened?

happened to you?

Who did

else involved?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical required and received. when I you from the back e around the police I was taken to the back a neck.

V.	Relief:
State v	what you want the Court to do for you and the amount of monetary compensation, if any, you are
seekin	g, and the basis for such compensation. Due to the Negligence &
601:	ce brutality & the wrongful acts of all the listed
del	fendants involved, I am seeking the sum of:
MSO.	000,000.00 (Fifty Million Dollans). I am also
see	cking "full neimbursement" of money that was taken
fm	om me during the frisk i of the annext, or the N.M.P.D.
<u>cla</u>	simed I only had & 161.00 on my possession! I
ach	fually had # 3,000.00 in each & the officent took the
Moi	veg. I am also in nequest to be assigned 'Pro Bono"
600	unsel, as I completely lack knowledge of the
101	ws & I am completely financially stricken! I
<u>3m</u>	seeking this sum of compensation due to the
me	Ntal, physical injuries that I have necieved a
KN	
116_	of my constitutional nights à characterists:
I decla	are under penalty of perjury that the foregoing is true and correct.
Signed	this 10th day of October, 2014.
	\mathcal{N}
	Signature of Plaintiff
	Mailing Address Bane Hill Conn. Facility
	Callen Box 20, 181 Brand Rd.
	Malone, N.Y. 12953
	Telephone Number
	-
	Fax Number (if you have one)
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 Pi	risoners:
I decla	re under penalty of perjury that on this 10 day of October, 2014, I am delivering mplaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for other District of New York.
	Signature of Plaintiff: 14A2332
	Inmate Number 14A2332