

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKFILED
IN CLERK'S OFFICE
U S DISTRICT COURT E D N Y

★ NOV 12 2015 ★

DARIN POOLE

(In the space above enter the full name(s) of the plaintiff(s).)

LONG ISLAND OFFICE
AMENDED
COMPLAINT

-against-

under the Civil Rights Act,
42 U.S.C. § 1983NYCJury Trial: ☐ Yes ☒ No
(check one)15 Civ. 6033 ()(JFB)(AKT)

(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.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name

DARIN POOLE

ID#

Current Institution

NONE

Address

48 West Clinton Ave Roosevelt
N.Y. 11575

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

NYC

Shield #

Where Currently Employed

Address

RECEIVED

NOV 13 2015

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Who did
what?

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts 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 Do not cite any cases or statutes.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.

A. In what institution did the events giving rise to your claim(s) occur?

THIS claim didn't arise in any
institution

B. Where in the institution did the events giving rise to your claim(s) occur?

C. What date and approximate time did the events giving rise to your claim(s) occur?

D. Facts: The Facts are as Follows

What
happened
to you?

- ① We Claim That the city of NY is responsible for the Actions of the NYPD and there employees.
- ② We Claim that on 4 different occasions The NYPD busted down the doors at 413 Miller Ave, Brooklyn N.Y. without documented permission and did damage to the home.
- ③ We Claim that the NYPD violated our Civil and Constitutional Rights by illegally entering the home of 413 Miller Ave without producing a valid search warrant upon entry.
- ④ We Claim that the NYPD violated all search and seizure laws by entering the home of 413 and searching and seizing anything that was found on the said visitings at that time without producing a search warrant at the time of entry.
- ⑤ We Claim that the NYPD illegally forced there way into the home of 413 Miller Ave and found nothing except what they found on the visit.

Was anyone else involved?

Who else saw what happened?

III. Injuries: If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

We were all manhandled guns placed in our faces

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes _____ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

NONE we were held
at the 75 pct for A time and given
dat's

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

we were Release

1. Which claim(s) in this complaint did you grieve?

NONE

2. What was the result, if any?

NONE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

NONE

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

NONE

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I feel I have followed all the procedures as far as I know I have exhausted all administrative remedies

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I Request Monetary Compensation in the amount of 10 million dollars, for punitive damages, Pain & Suffering and for the civil and constitutional Violations and the unlawful entry into the home of 413 Miller Ave and the damage

Also the unauthorized illegal entry into the home of 413 Miller and failure to produce search warrants upon entry and failed to verify and display valid ID and shields to verify that the were officers of the law.

VI. Previous lawsuits:

On
these
claims

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

DARIN POOLE
NASSAU CTY

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

3. Docket or Index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

N/A

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

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

Signed this 10 day of NOV, 2015

Signature of Plaintiff

Inmate Number

Institution Address

Domin Pash

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of NOV, 2015 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Domin Pash

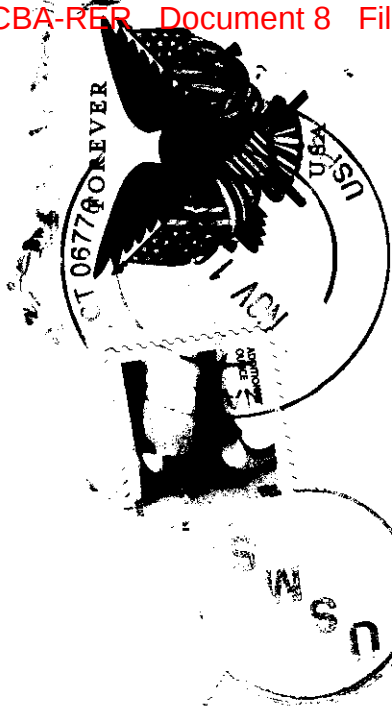
WAKEN VOORE
413 NASSAU AVE
BROOKLYN NY 11207

ATT PRO SE

US District Court

100 Federal Plaza

CI NY, ~~100~~ 11722



RECEIVED
IN CLERK'S OFFICE
DISTRICT COURT E.D.N.Y.

NOV 12 2015

ALONG ISLAND OFFICE