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U.S. DISTRICT COURT E.D.N.Y.
★ MAR 16 2018 ★

Handwritten notes:
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3/16/18

EASTERN DISTRICT OF NEW YORK

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ROBERT MOLO

BROOKLYN OFFICE

Plaintiff,

AMENDED
COMPLAINT

-against-

17 CV 05245 (PKC)(LB)

CITY OF New York
POLICE OFFICERS John Doe Made False ARREST
Witness, John Doe Made False ACCUSATIONS
Defendants.

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First I want to represent my self I am emmigrant from Albania I have par English Both writing and speakin. since October 2014 i have Been fight (2) open coses one Queens and one N.Y. N.Y. Chile Being Committed to DMH CNYPL for Competency No Low Librany no access to Legal peper work. Criminal Court in Queens I've requested Many times for Foil Freedom Information for access to my Low suit. I Coll them my Family weant to the window G-64 and agen they Refused to relese the Information for my cases Dismissed file. tēthem. I Colled Manager and Judge chief and file complant with Inspector Ceneral for refusal relese of Information on my Cases. Assoon os Disposition was receved I filled Claim for Low suit But I am still waiting to receve the Case file. Lowyer refused to give peper work requested Both my Family and my self colled ant wrote many time with no response I filled Grievence on Attorney for being Inactive ad refusal of proper Counset Grievence No: Q-442-12 335 Adamss suit 2400 Brooklyn New York 11201

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Robert MOCO

Plaintiff,

[Insert full name of plaintiff/prisoner]

AMENDED

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

17-CV-05245 PKC LB

JURY DEMAND

YES NO

-against-

City of New York

Police officers (John Doe) who made

False ARREST

witness, (John Doe) who made

False Accusations.

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. **Name of plaintiff** Robert MOCO

If you are incarcerated, provide the name of the facility and address:

CNYPC P.O. Box 300 Marcy, NY 13403

Prisoner ID Number: 15R2643

If you are not incarcerated, provide your current address:

N/A

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

John Doe

Full Name

Police officers PCT-115-ID: 935530

Job Title

92-15 Northern Boulevard 11372

Address

Defendant No. 2

John Doe

Full Name

Police ^{officers} ~~officers~~ PCT-115-ID: 917254

Job Title

92-15 Northern Boulevard 11372

Address

Defendant No. 3

John Doe (witness)

Full Name

Job Title

Defendant No. 4

Address

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

II. 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.)

Where did the events giving rise to your claim(s) occur? 92-15 Northen
Boulevard 11372

When did the events happen? (include approximate time and date) October 08, 2013
02:30 PM (14:30:00) and: November 20, 2013 - 12:35 PM
(12:35:00)

Facts: (what happened?) On October, 08, 2013 I was called and asked to come down to the Police Station Pct 115 to ask me some questions, once I arrived I was placed under arrest because civilian (John Doe) had file a complaint against me. The arrested me without any investigation into the complaint the falsly arrested me. I went before the judge. On November, 20, 2013 was called again to come down to the Police station Pct 115 to ask me some questions and once again I was placed under arrest for violating an order of protection, On September, 16, 2014 both cases went before the judge and were dismissed the October 08, 2013 arrest I had to stay detained for approximately (72) hours and I had to pay \$500 hundred dollars bail and the November 18 arrest I paid to pay 15 hundred dollars to bail out. the

II.A. Injuries. 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?

INJURIES, Pain and suffering, Emotional Trauma Distress and Medical Expenses, stand my name

Facts: (what happened?)

First I want to represent my self I am Emigrant From ALBANIA I have poor English both writing and speaking since October 2014 have been Fight (2) open cases one Queens and one N.Y. N.Y. while being committed to OMA. CM 4PL for Competency. No Law Library, No access legal paper work Criminal Court in Queens I've requested many times for Foil Freedom Information for access to my Low suit. I call them my Family went to the window G-64 and again they refused to release the information for my cases to them.

I called manager and Judge Cief and file Complaint with Inspector General for refusal release of information on my cases is Dismissed.

As soon as Disposition was received I filled claim for low suit. But am still waiting to receive the cases file.

Lawyer refused to give paper work requested Both my Family and my self called and wrote many times with no response I filled Grievance on Attorney for being inactive and refusal of proper Counsel Grievance NO: Q-942-12 Address 335 Widams St suit 2400 Brooklyn New York 11201

III. **Relief:** State what relief you are seeking if you prevail on your complaint.

\$ 250,000 - two Hundred fifty thousand dollars

I declare under penalty of perjury that on 3-8-2018, I delivered this
(date)
complaint to prison authorities at CNYPC to be mailed to the United
(name of prison)
States District Court for the Eastern District of New York.

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

Dated: 3-8-2018

[Signature]
Signature of Plaintiff

CNYPC
Name of Prison Facility or Address if not incarcerated

PO Box 300

Marcy, NY 13403

Address

15R2643
Prisoner ID#

FROM: ROBERT MOLLO CH 597338
CITY PL PO BOX 300
MADISON NY 13403

United States District Court
Eastern District of New York
U.S. COURT HOUSE
225 Cadman PLAZA East
Brooklyn New York 11201

Legal Mail