EASTERN DISTRICT OF NEW YORK

-against-



## ROBERT MOCO

AMENDED COMPLAINT

17 CV 05261 (PKC)(LB)

City of New York Police officers (John Doe) who made False Arrest Witness, (John Doe) who made False Accusations

Frist I want to represent my self I am emmgrand From AlBania I have por English both writing and speakin. SMIE october 2014 i have been Fight (2) open cases one Oceans and one 14.4. 14.4. While being Committed to OMH. CNYPC for competency No Law Library, No access to Legal paper work. Comminal court in Queens I ve requested Many times for Foil Friedom Information for access to my Low suit. I coll them my Family went to the window G-64 and agen they Refused to relese the Information for my cases të them. I colled manager and Judge chief and file Complant with Inspector Ceneral for nufusal reless of Information on my cases Dismissed file. As soon as Disposition was received I filled chaim for Low suit But I am still waiting to receive the case file. Lowyer refused to give peper work requested Both my Family and my self colled and wrate many time with no response I filled Conjevence on Attorney for being imactive ad refusal of proper. Counsel Grievence No: a-942-12 Address-335 Adams St suit 2400 Brooklyn Hew York 11201.

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF NEW YORK	
Robert Moco	
	AMENDED
Plaintiff,	CIVIL RIGHTS COMPLAINT 42 U.S.C. § 1983
[Insert full name of plaintiff/prisoner]	17-CV-05261 PKC LB
	JURY DEMAND YESNO
-against-	YES NO
City of New York.	
Police officers ( John Doe) who m	adi
False ARResto	<del></del>
witness (John Doe) made False	_
Accusoitions.	
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 Page 1.	ne
Parties: (In item A below, place your name address and telephone number. Do the same address.)	in the first blank and provide your present ne for additional plaintiffs, if any.)
A. Name of plaintiff ROBent Mod	60
If you are incarcerated, provide the name of	the facility and address:
P.O. Box 300 Marcy, N	(.y 13403
Prisoner ID Number: 15 R 2 6 U ?	

If you are not incarcerat	ed, provide your current address:
Telephone Number:	,
	You must provide the full names of each defendant and the dant may be served. The defendants listed here must match the n on page 1.
Defendant No. 1	John Doe Full Name  Police officens: PC+-114:10 929054  Job Title  34-16 A Stonia Boulevard 11103
Defendant No. 2	Address  John Doe (witness)  Full Name  Job Title
Defendant No. 3	Address  Full Name  Job Title

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			· j.
Wher	e did the events giving rise	e to your claim(s) occur?( <u>Úmknow</u> )	
	onal 8 ½ by 11 sheets of p		
of rel	ated claims, number and s	et forth each claim in a separate paragraph.	
		avolved in the event you are claiming violated ents or cite to cases or statutes. If you intend	
well a	as the location where the e	vents occurred. Include the names of each of	efendant and state
		facts of your case. Include the date(s) of the	event(s) alloged as
II.	Statement of Claim:	, , , , , , , , , , , , , , , , , , , ,	•
		Address	
		Job Title	•
	Belefidant No. 0	Full Name	The state of the s
	Defendant No. 5		·
			<b>.</b>
		Address	
		Job Title	•
			<u>,</u>
	Defendant No. 4	Full Name	
	Defendant No. 4		

	you are seeking if you prevail on your complaint.  Handned fifty thousend dollors
I declare under penalty of complaint to prison authorities at States District Court for the Easte	(name of prison)
I declare under penalty of	perjury that the foregoing is true and correct.
Dated: 3 - 9 - 2018	Signature of Plaintiff
	CNYPC Name of Prison Facility or Address if not incarcerated P.O. Box 300 Mancy NY 13403  Address
	15 R 2 6 43 Prisoner ID#

20M: ROBERT MOCO C# 592338 CNYPC PO-180x 300 WODCY, NY 13403 United stats District Count Eastnern District OF New York U.S. COURT HOUSE 2.25 COOMAN PLAZA East Brooklyn New York 11201