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U.S. DISTRICT COURT  
EASTERN DISTRICT  
OF NEW YORK

EASTERN DISTRICT OF NEW YORK

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ROBERT MOCO

Plaintiff,

AMENDED  
COMPLAINT

17 CV 05611 (PKC) (LB)

-against-

city OF New York

Police Officers John Doe made False ARREST  
Witness, John Doe made False Accusations

Defendants.

-----X

First I want to represent my self I am emmygrant From ALBANIA I have poor English both writing and speaking.

Since October 2014 I have been fight (2) open cases one Queens and one N.Y. N.Y. While being committed to OMH, CIV YPL for competency. No Law Library, No access to legal paper work.

Criminal Court in Queens I've requested many times for 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 chief and file complaint with Inspector general for refusal release of information on my file.

As soon as disposition was received I filled claim for low suit but I am still waiting to receive the case 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 Adams st 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-05611 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:

CNYDC 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

MARLIN  
Full Name

FLORES (witness)

Police - Pct-19  
Job Title

25-28-78-street Queens N.Y. 11370  
153 East 67<sup>th</sup> street  
Address

Defendant No. 2

John Doe  
Full Name

Police officers : 10: 935192-PCT-115  
Job Title

92-15 Northern Boulevard 11372  
Address

Defendant No. 3

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Job Title

5

Address

Defendant No. 4

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 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? 25-28-78 street

Queens NY - 11370

When did the events happen? (include approximate time and date) JANUARY 30, 2014

one - 10:29 PM

PCT-115

Facts: (what happened?) On Jan 30<sup>th</sup> 2014 the Police came to my resident and forcibly dragged me out of my home located at 25-28-78<sup>st</sup> St Queens New York 11370 they took me outside and threw me to the ground on the snow. they stated that the landlord ~~his~~ Name is (John Doe) had file a Complaint Against me. the police dept Never made an Attempt to formally investigate the matter before placing me under arrest. On September, 16 2014. I went before the judge and the case was dismissed. Note that I was Detained in Central Booking 3 days and I had to pay ( One thousand dollar ) to Bail out.

ARREST PCT 115

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, Slanded my Name.

## Facts (what happened?)

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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  
complaint to prison authorities at CNYPC (date) 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

RZ  
Signature of Plaintiff

CNYPC  
Name of Prison Facility or Address if not incarcerated

P.O. Box 300  
Marcy, NY 13403

Address

15R2643  
Prisoner ID#