UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Brenden Lamothe	17CV 7558
Write the full name of each plaintiff.	CV 2017 007 -3 AM 10: 48 (Include case number if one has been assigned)
-against-	COMPLAINT (Prisoner)

want a jury trial? Yes □ No

Write the full name of each defendant. 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 above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAI	[.	LEGAL	BASIS	FOR	CLAI
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State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).
☑ Violation of my federal constitutional rights
Other:
II. PLAINTIFF INFORMATION
Each plaintiff must provide the following information. Attach additional pages if necessary.
Brenden M Lamothe
First Name Middle Initial Last Name
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.
1131701636
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)
Manhattan Detetion Complex Current Place of Detention
125 cohite St, W, NY
Institutional Address
NY, NY New York 10013 County, City State Zip Code
County, City New Yor K 10013 State Zip Code
III. PRISONER STATUS
Indicate below whether you are a prisoner or other confined person:
☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
Convicted and sentenced prisoner
□ Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	John	Doe 1	•	**
	First Name	Last Name	Shield #	-
	Sara	ant NYPI)	(Plain C	lathes)
	Current Job Title	(or other identifying information)	<u> </u>	197165
	75th	pct bet 4-5 a		
	Current Work Ad			·
•	Kings	PM.	•	
	County, City	State	Zip Code	
Defendant 2:	bha	Doe 7	p	
	First Name	Last Name	Shield #	
	9.1.	6111		
•	ronce		P (Plair	<u>, aldhe</u>
		(or other identifying information)		
	75th	pct bet 4-5 an	<u> </u>	• .
	Current Work Ad	dress		
	Kings	<u></u>	•	
	County, City	State	Zip Code	
Defendant 3:	John	Doe 3		
	First Name	Last Name	Shield #	
	Police	Officer NYPD	(Plain	Clothes
	Current Job Title	(or other identifying information)		CIULIUS
	75th D	ct bet 4-5 am	· · · · · · · · · · · · · · · · · · ·	•
	Current Work Add			
	Kings	V		
	County, City	State	Zip Code	· · · · · · · · · · · · · · · · · · ·
Defendant 4:			zip code	: • •
ociciidant 4.	First Name	Look Name		
	i not walle	Last Name	Shield #	
	Current Job Title ((or other identifying information)		
	Current Work Add	dress		
	County, City	State	Zip Code	

V.	STAT	EMENT	OF	CLA	IM
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Place(s) of occurrence:	Brooklyn, N Stone ave.	
Date(s) of occurrence:	may 8. 2016	

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

en acial

falsified information at the
hearing which did not coraborate the
officers intial testimony at the grand july.
This put me in a mental state of deep
depression, anxiety and emotional and mental
abose do to Charrassment and being subjected
to a second class citizen in a country I was
born in. My lawyer Mike Ciobella has Busonal
ties to the NYRD and I felt coarsed to take a pla
INJURIES: because he didn't detend me to the best of his abi
If you were injured as a result of these actions, describe your injuries and what medical treatment,
if any, you required and received.
Severe depression, emotionally unstable
(Paranoid) and heavy anxiety. As well
as PTSD.
VI. RELIEF
State briefly what money damages or other relief you want the court to order.
Do to the fact that I just had a new
born baby and will never get the time back
Do to the fact that I just had a new born baby and will never get the time back that i'm missing and the mental depression,
emotionally unstable (Paranoid) heavy onviets
and PTSID do to the on going harassment

Fair amount for my damages.

Throughout my life i've been horrassed and even wrongfully account of crimes by the nypd which I was later acquitted of in 2007-2009. I feel targeted and now have lost trust in the United States justice system. I fear for my life.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepayment of fees, each plaintiff must also submit an IRP application.

09-23-17		<i>f</i>		
Dated	۵)	Plaintiff's Signature	A STATE OF THE STA	_
Brenden M		Lamoshe	· ·	
First Name Middle Init	tial	Last Name		
125 white st				
Prison Address				
14,14	14		16013	
County, City	State		Zip Code	
Date on which I am delivering this compla	int to prison	authorities for maili	ng:	

VERIFICATION

COUNTY OF Kin 35)

Brenden Lamothe being duly sworn, deposes and says

I am the claimant above named. I have read the foregoing Notice of Claim against the City of New York, and know it contents: the same is true to my own knowledge, except as to those matters I believe them to be true.

Elaimant

Sworn to before me this

day on System

NOTARY PUBLIC

F. Burns

Commissioner of Deeds City of New York No. 3-10034 Certificate filed in New York County Term Expires / 0///

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
COUNTY OF Kings) ss:
Brenden Lamothe, being duly sworn, deposes and says:
That I have on this 27 day of September 201, placed and submitted i
the postal receptacle the following documents:
Affidavit of service in the New York City
Correctional Facility known as Manhallan Detation complex located at
125 white st, N, N, N, 10013 to be
duly mailed via the United States Postal Service to the following parties in the above action
Respectfully submitted,
Respectfully submitted,
Sworn to before me this /
27th day of Saptember, 2017
G.B.
NOTARY PUBLIC
F. Burns Commissioner of Deeds City of New York No. 3-10034
Cordificate filed in New York County Term Expires. 10/1/7

NOTICE OF INTENT

Brenden Landh Claimant

-Against-

CITY OF NEW YORK,

Defendant.

TO COMPROLLER OF THE CITY OF NEW YORK:

PLEASE TAKE NOTICE that the claimant herein hereby makes and claims and demand against the City of New York as follow:

1. The name and address or P.O. Box of the claimant is as follow:

Brenden Lamothe 415 clubbase ct, Column NY

2. The nature of the claim is as follow: Violation of consitituional rights under whor of law deprivation of rights.

3. The time when, the place where, and the manner in which the claim arose:

4. The terms of damages or injuries claimed are: Anticky, PTSD, emotional and mental distress. I also missed time away from my new born baby. The claim and demand is hereby presented for adjustment and payments.

PLEASE TAKE FURHTER NOTICE, that by reason of the foregoing, in default of the City of New York to pay the claimant his claim within the time period for compliance with this demand by the City of New York, by the applicable statutes, claimant intends to commence an action against the City of New York, to recover his damages, with interest and cost.

Dated:

09-27-2017

Respectfully

5.	Between 4:30 and 5:00 am, Brownsville
100	section of Brooklyn, NY. I was racially
8	profiled by the BYPD 75th pet and polited
	out of a livery taxi and illegally searched
	and serviced while having the right to
	remain silent.

125 white St, N1, NY 16013 MD (-113170036



500 Pearl St, New York, NY 10007 Pro Se Intake Unit

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