

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Leonardo Medina

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

-against-

Michael Seiling

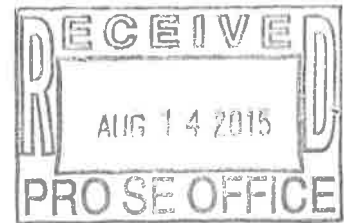
SECOND
AMENDED
COMPLAINT

under the Civil Rights Act,
42 U.S.C. § 1983

Jury Trial: Yes No
(check one)

14 Civ. 6034 (VSB)

(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 Leonardo Medina
ID# 14A1964
Current Institution Coxsackie Correctional Facility
Address P.O. Box 999
Coxsackie, Ny 12051-0999

- 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 Michael Seiling Shield # 2651
Where Currently Employed Central Park Precinct
Address 86th Street and Transverse Road,
New York, Ny 10024

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 Do not cite any cases or statutes.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?

34th Precinct
4295 Broadway, New York, NY 10033

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

2nd Floor Detective Unit

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

October, 7th 2010 at 11:00 AM

D. Facts: At (approx) 11:00 AM on October, 7 2010 the plaintiff was taken to the 34th Precinct.

What
happened
to you?

Officer Michael Sciling then told plaintiff he was a suspect in an attempted robbery and read plaintiff his miranda rights.

The plaintiff then requested a lawyer be present during questioning. Officer Michael Seiling denied plaintiff's request for a lawyer and arrested plaintiff for Attempted Robbery 2°.

Officer Michael Seiling did not have a warrant to arrest plaintiff.

The grand jury did not indict plaintiff based on Officer Michael Seiling's lack of probable cause.

The plaintiff was never produced in court again after the initial arraignment where he was held on \$75,000 bail, even though he was on probation and his Probation Judge was monitoring the Robbery (Attempt 2°) case.

On December 15, 2010, plaintiff was violated on his probation and sentenced to 1 to 3 years in prison, based on his open Attempted Robbery 2° case.

The Attempted Robbery 2° case would eventually be dismissed on August 19, 2011, and sealed upon termination of criminal action in favor of the accused without the knowledge of plaintiff. The plaintiff was never notified.

Therefore, plaintiff did not find out it was dismissed until his release from prison on May 25, 2012.

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.

Extreme Stress, Mental Anguish, humiliation, Emotional distress, Damaged relationship with family & community, Developed Anger and trust issues,

Fractured right hand during wrongful imprisonment received cast and no

further therapy lost feeling in both right index and pinky fingers.

wrongfully imprisoned for 12 months also violated on probation: served additional 8 months in Max A Prison.

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).

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?

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

2. What was the result, if any?

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.

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:

- G. Please set forth any additional information that is relevant to the exhaustion of your 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). Monetary Compensation in the

reasonable sum of \$500,000.00 U.S. Dollars for the injuries
mentioned and the violation of my due process of law and

equal protection of the law under the 5th, 8th, 14th U.S.C.

On
these
claims

VI. Previous lawsuits:

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 _____

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?) _____

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 6 day of August, 2015.

Signature of Plaintiff	<u>leo.M</u>
Inmate Number	<u>14A1964</u>
Institution Address	<u>Coxsackie Correctional Facility</u>
	<u>P.O. Box 999</u>
	<u>Coxsackie, Ny 12051-0999</u>

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 7 day of August, 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: leo.M

Legal Mail

RECEIVED
PRO SE OFFICE

AUG 14 P 3:51

COXSACKIE CORRECTIONAL FACILITY

P.O. BOX 999

COXSACKIE, NEW YORK 12051-0999

NAME: Leonardo Medina DIN: 14A1964



Pio Se Intake Unit
United States District Court
Southern District of New York
500 Pearl Street
New York, NY 10007

COXSACKIE



CORRECTIONAL FACILITY

ALBANY NY 12211

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