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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
2016 DEC 20 PM 3:43
MR. CHRISTOPHER C. CLARK S.D. OF N.Y.

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

-against-

N.Y.C.P.D. (Full Capacity)
(COMMISSIONER) Bill BRATTON, MANHATTAN
D.A. OFFICE (A.D.A. GERMAINE CORPREW) (P.O.)
CRAIG SIKORSKI (SGT.) MICHAEL ALFERI
(DET.) Stanley Dash

**AMENDED
COMPLAINT**

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

Jury Trial: Yes No
(check one)

16 Civ. 7744 (CM)

(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 CHRISTOPHER C. CLARK
ID# 310-15-01061
Current Institution A.M.K.C. (C-95)
Address 18-18 HAZEN STREET
EAST ELMHURST, N.Y. 11370

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 CRAIG R. SIKORSKI Shield # 962
Where Currently Employed 233 West 10th Street (6th Pct.)
Address NEW YORK, N.Y.
(+TAX#) 949913

Defendant No. 2 Name Michael ALFICRI (SGT.) Shield # TAX # 942938
Where Currently Employed 233 West 10th Street (6th Pct.)
Address New York, N.Y.

Defendant No. 3 Name Stanley Dash (Det.) Shield # TAX # 926737
Where Currently Employed 233 West 10th Street (6th Pct.)
Address New York, N.Y.

Who did what?

Defendant No. 4 Name (Lt.) Jason Schleyer Shield # TAX # 904154
Where Currently Employed SAME AS ABOVE (6th Pct.)
Address _____

Defendant No. 5 Name (A.D.A.) Germaine Corprew Shield # _____
Where Currently Employed 100 Centre Street
Address New York, N.Y.

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?

A.M.K.C.

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

JAIL RECEIVING ROOM/INTAKE

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

ON OR ABOUT 9/26/14 AT 12:30 - 2:30 A.M.

D. Facts: ON OR ABOUT 12:30 A.M. SEPT. 26 2014. I

WAS ILLEGALLY STOPPED BY P.OFFICER SIKORSKI AND JOHN DOE DEFENDANT'S (SIKORSKI MADE INITIAL STOP) WITHOUT PROBABLE CAUSE (NO 911 CALL, NO INCIDENT, NO CRIME)

What happened to you?

I WAS FRISKED SEARCHED AND ARRESTED. (FOR ALLEGEDLY POSSESSION OF DRUGS AND WEAPON POSSESSION. THE CHARGES WERE DISMISSED (CHARGES WERE NEVER INITIATED, WAS ON WAY TO RESTAURANT/CLUB) OFFICER SIKORSKI AND JOHN DOES MADE INITIAL STOP AND ARREST. ONCE DETAINED DET. DASH RE-ARRESTED/RE-CHARGED ME (FOR ALLEGED ROBBERY AND HATE CRIME. OFFICER SIKORSKI INITIATED PROSECUTION WITH MALICE. (AND ONCE DETAINED DET. DASH CONTINUED PROSECUTION (WITHOUT MIRANDA RIGHTS) A.D.A. CORPREW CHANGE/ALTERED CHARGES, AND DETAINED FOR OVER 2 YEARS. (FOR ASSAULT 1ST DEGREE) SGT. ALFIERI WAS SUPERVISOR. MULTIPLE STORE EMPLOYEES AND WITNESSES SAW ARREST AND INCIDENT. (ON ORIGINAL SCENE)

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.

I SUFFERED FROM MENTAL ANGUISH AND EXTREME DEPRESSION DUE TO THESE EVENTS. I REQUIRE EXTRA MEDICAL ATTENTION (FROM LACK OF TREATMENT (AND DAILY MEDICATION) LIFE SUSTAINING MEDICATION AND STRESS.

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).

A.M.K.C. AND M.D.C.

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?

A.M.K.C.

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

the event's that arose in jail. (while i was imprisoned)

2. What was the result, if any?

No Result

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.

Spoke to staff/supervisor's; No Result's

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

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:

P.O. JEFFERSON (GRIEVANCE OFFICER) AND OTHER STAFF.
STAFF WAS INFORMED YET THEIR WAS NO RESPONSE (A.M.K.C. STAFF)
I ALSO FILED GRIEVANCE (USED GRIEVANCE PROCEDURE).

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

HAVE SPOKEN TO MULTIPLE STAFF WITH NO
PROGRESS.

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).

I AM SEEKING 2 MILLION
DOLLARS IN COMPENSATION. DUE TO LOST OF HOUSING (CONDO)
LOST OF WAGES. I HAVE LOST MULTIPLE CASTINGS (ACTING casting)
LOST OF CULINARY INTERNSHIP AND (CLOTHING FURNITURE ETC.)
WORK OPPORTUNITIES AS WELL.
THAT IS THE BASIS FOR THE AMOUNT. (UNREPLACABLE
OPPORTUNITIES).

VI. Previous lawsuits:

On these claims

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 _____ *N/A*

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 _____ *N/A*

5. Approximate date of filing lawsuit _____ *N/A*

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 _____ *N/A*

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 _____ *N/A*

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?) _____

_____ N/A _____

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

Signed this 8 day of DECEMBER, 2016.

Signature of Plaintiff [Signature]
Inmate Number B+CASE# 31015-01061 / NYSID# 07249509A
Institution Address A.M.K.C.
18-18 HAZEN STREET
QNS., New York 11370

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 8 day of DECEMBER, 2016 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: [Signature]



United States District Court
Southern District of New York
ATTN: (Clerk) Daniel Patrick Moynihan Courthouse
500 PEARL STREET
NEW YORK, N.Y. 10007-1312

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Pro Se
GP
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