# UNITED STATES DISTRICT COURT

for the

District of

Division

18CV1249

RAHEEM Mitchell

laintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

United States District Court Southern Bistrict of New York

Defendent(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

(to be filled in by the Clerk's Office)

### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *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.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

### I. The Parties to This Complaint

	ŀ	4.	The	Plain	tiff(s)
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B.

Provide the information below for needed.	each plaintiff named in the complaint. Attach additional pages if
Name All other names by which you have been known: ID Number Current Institution Address  The Defendant(s)	KAHEEM M Mitchell  02531593H  Otis Beatum Correctional Center  1600 Hazen Street East Elmhurst  NEW YORK NY 11370  City State Zip Code
listed below are identical to those c the person's job or title (if known) and	each defendant named in the complaint, whether the defendant is an n organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include d check whether you are bringing this complaint against them in their city, or both. Attach additional pages if needed.
Job or Title (if known)	District Attorney A.D.A
Shield Number	OUSTILL HETOTORY A, DIT
Employer	
Address	2 Houan Place
	New York NY 10013
	City State Zip Code  Individual capacity Official capacity
Defendant No. 2	
Name	Paul Scott
Job or Title (if known)	OFFICE (PO)
Shield Number	Tax NO- 942527 / Command-262
Employer	100 / 100 / 100 dbd
Address	2271 WEST 133 8 AVENUE
	New YORK NY 10027
	Citv State Zip Code
	☐ Individual capacity ☐ Official capacity

# Case 1:18-cv-01249-CM Document 2 Filed 02/09/18 Page 3 of 12

Pro Se 14 (Rev. 12/10	<ul><li>Complaint for Violation of</li></ul>	f Civil Rights (Prisoner)

		Defendant No. 3			
		Name			
		Job or Title (if known)			· · · · · · · · · · · · · · · · · · ·
		Shield Number			
		Employer			
		Address			
					· · · · · · · · · · · · · · · · · · ·
,			City	State	Zip Code
			☐ Individual capacity	Official capacity	
		Defendant No. 4			
		Name			
		Job or Title (if known)			
		Shield Number			
		Employer			
		Address			
			City	State	Zip Code
			☐ Individual capacity	Official capacity	
11.	Basis	for Jurisdiction			
	Feder	r 42 U.S.C. § 1983, you may sue state on nities secured by the Constitution and [sal Bureau of Narcotics, 403 U.S. 388 (satutional rights.	tederal laws]" I Inder <i>Riva</i>	MEN Cir I Intercours Mann	J 1
	A.	Are you bringing suit against (check a	ll that apply):		
		Federal officials (a Bivens claim	)		
		State or local officials (a § 1983	claim)	•	
•	В.	Section 1983 allows claims alleging the Constitution and [federal laws]." federal constitutional or statutory right	at(s) do you claim is/are be	are suing under section I ing violated by state or I	1983, what ocal officials?
		Unlawful Prosection, ille	gal Detainment, ill	6gal Extension a	<b>9</b> C
		Statencerillegal sent	Encing, Being	detained by	Do.C
	C.	Plaintiffs suing under <i>Bivens</i> may onl are suing under <i>Bivens</i> , what constitu officials?	y recover for the violation tional right(s) do you claim	of certain constitutional is/are being violated by	rights. If you federal

50 14 (100	ev. 12/16) Complaint for Violation of Civil Rights (Prisoner)
D.	statute, ordinance, regulation, custom, or usage, of any State or Territory, or the District Co.
	42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color federal law. Attach additional pages if needed.
	80% OF MY rap sheet is in violation of the constitution
•	I'm being illegal detain by the District Attorney Office
Pr	isoner Status
Inc	dicate whether you are a prisoner or other confined person as follows (check all that apply):  Pretrial detainee
	Civilly committed detainee
느	Immigration detainee
	Convicted and sentenced state prisoner
	Convicted and sentenced federal prisoner
	Other (explain)
Stat	tement of Claim
furth any	e as briefly as possible the facts of your case. Describe how each defendant was personally involved in the ged wrongful action, along with the dates and locations of all relevant events. You may wish to include her details such as the names of other persons involved in the events giving rise to your claims. Do not cite cases or statutes. If more than one claim is asserted, number each claim and write a short and plain ement of each claim in a separate paragraph. Attach additional pages if needed.
A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
В.	I was (tarrested on March 24,2017 after court and giveing bail on June 2,2017 for animal possession of a forget Institution, describe where and when they arose. Unlawful prosection, illegal betainment, illegal extension of Sentence, illegal sentencing, Being detained by Doc. On June 2,20 bail was giving to Men

Page 4 of 11

C.	What date and approximate time did the events giving rise to your claim(s) occur?					
	On May 9th 2017, 6-2-17, 7-14-17, 8-4-17, 9-18-17,					
	10-11-17 11-15-17, 12-5-17, 1-17-18 at 9:30Am 100 CENTIF STOPEN					

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) I have been giving bail on Criminal POSSESSION OF a Forget Instrument. The Bistrict Atterney indicted Mt on June 2nd, 2017 which the Judge gave me beail. Now Indicated Serving and illegal Extension of a sentence.

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Deprived me of my rights, unlawful imprisonment Defamation of Character

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Dismissal of MY Case, which I would like to be compensated,

26 million for unlawful prosection, illegal Sentencing Being detained by Doc. Unlawful imprisonment

# VII. Exhaustion of Administrative Remedies Administrative Procedures

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. Your case may be dismissed if you have not exhausted your administrative remedies.

Did your claim(s				,	prison, c	a outer co	roctional 1	acinty?
Yes			•					
☐ No								•
If yes, name the j events giving rise	ail, prison, o	r other cor m(s).	rectional	facility	where yo	u were cor	nfined at th	e time of t
	·							
Otis Ban	tum Coi	rection	nal c	Center	r 1100	o Hazen	1 St E	St Elml
Does the jail, pris								
Yes								
•								
☐ No								
☐ No ☐ Do not know	.* !	, .						
	,	, .						
	ce procedure	at the jail,	prison, o	r other c	orrection	al facility	where your	claim(s) a
Do not know	ce procedure	at the jail, ns?	prison, o	r other c	orrection	al facility	where your	claim(s) a
Do not know	ce procedure	at the jail, ns?	prison, o	r other c	orrection	al facility	where your	claim(s) a
Do not know	ce procedure of your clain	at the jail, ns?	prison, o	r other c	orrection	al facility	where your	claim(s) a
☐ Do not know  Does the grievand cover some or all  ☐ Yes  ☑ No	ce procedure of your clain	at the jail,	prison, o	r other c	orrection	al facility	where your	claim(s) a
□ Do not know  Does the grievand cover some or all  □ Yes □ No □ Do not know	ce procedure of your clain	at the jail, ns?	prison, o	r other c	orrection	al facility	where your	claim(s) a

Pro Se 14 (R	lev. 12/16) Complaint f	or Violation of	Civil Rights	(Prisoner)
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D.	Di co	id you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose neerning the facts relating to this complaint?
		] Yes
		No
• .	If i	no, did you file a grievance about the events described in this complaint at any other jail, prison, or ner correctional facility?
	•	] Yes
	I	₹No
E.	Ify	you did file a grievance:
	1.	Where did you file the grievance?
	2.	What did you claim in your grievance?
	3.	What was the result, if any?
	4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	-	

Pro Se 14 (Rev.	12/16) Complaint for Violation of Civil Rights	/Dela-	
	-200 Complaint for Vibration of Civil Rights	(Priso	ner)

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

This is a Civil complaint matter higher then the grievance Administration

2. If you did not file a grievance but you did inform 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.)

#### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?



If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

# Case 1:18-cv-01249-CM Document 2 Filed 02/09/18 Page 9 of 12

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (	(Prisoner)
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Г	Yes					
- I						
	☑ No					
If:	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If the					
mo	ore than one lawsuit, describe the additional lawsuits on another page, using the same format.)					
1.	Parties to the previous lawsuit					
	Plaintiff(s)					
	Defendant(s)					
	Dotondam(s)					
2.	Court (if federal court, name the district; if state court, name the county and State)					
_						
3.	Docket or index number					
4.	Name of Judge aggiorned to your					
т.	Name of Judge assigned to your case					
5.	Approximate date of filing lawsuit					
6.	Is the case still pending?					
	∑ } Yes					
	□No					
	□ NO					
	If no, give the approximate date of disposition.					
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entering your favor? Was the case appealed?)					

### Case 1:18-cv-01249-CM Document 2 Filed 02/09/18 Page 10 of 12

		Yes					
	Ľ	No No					
	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there more than one lawsuit, describe the additional lawsuits on another page, using the same format.)						
	1.	Parties to the previous lawsuit					
		Plaintiff(s)					
		Defendant(s)					
•	2. Court (if federal court, name the district; if state court, name the county and State)						
	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 judgment entered in your favor? Was the case appealed?)					
	. •						

#### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing 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 Rule 11.

#### A. For Parties Without an Attorney

Date of signing:

B.

12/29/17

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. 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.

, -	, ,			•	
Signature of Plaintiff	R. Mithell Bahcan M Mitchell				
Printed Name of Plaintiff					
Prison Identification #	2 <sup></sup> 3 A	1			
Prison Address	Otis Bantum Correctional Center 1600 Hazen St East				
	NEW YOCK	NY	1/370	ZV PHINITY	
	City	State	Zip Code		
For Attorneys					
Date of signing:					
Signature of Attorney			•		
Printed Name of Attorney					
Bar Number				<del></del>	
Name of Law Firm					
Address					
				<del></del>	
Telephone Number	City	State	Zip Code		
E-mail Address					

Case 1:18-cv-01249-CM Document 2 Filed 02/09/18 Page 12 of 12

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RAheem Mitchell 3251700828 3.B.C.C 1600 10210 Street

St Elmhurst, New Yord) BABINE

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