

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

18CV6978

Robert Lee JR Murray et al

Write the full name of each plaintiff.

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

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-against-

N.Y.P.D Dept of parole  
John Doe #1 John Doe #2  
John Doe #3 John Doe #4  
PO M prophete #5

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.

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes  No

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 CLAIM**

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.

Robert	Lee JR	Murray
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.

895-18-00769

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)

AMKC

Current Place of Detention

18-18 Hazen St East Elmhurst N.Y. 11370

Institutional Address

East Elmhurst

County, City

N.Y.

State

11370

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: Parole violation

**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	
First Name	Last Name	Shield #
N Y P d		
Current Job Title (or other identifying information)		
Don't Know		
Current Work Address		
County, City	State	Zip Code

Defendant 2:

John	Doe	
First Name	Last Name	Shield #
N Y P d		
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

John	Doe	
First Name	Last Name	Shield #
N Y P d		
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

John	Doe	
First Name	Last Name	Shield #
N Y P d		
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

do back of sheet

**V. STATEMENT OF CLAIM**

Place(s) of occurrence: in back of undercover's van

Date(s) of occurrence: 7-24-18

**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.

officers picked plaintiff up for violation of parole officers said that I would be riding around to pick up other people and I told them that we are 4 blocks away from parole and I would like to be taken to parole and officers became extremely violent by choking me, hitting me in the face which caused great pain they punched me all about my body one officer of 20616 is dived on my abdomen and left which caused my legs such pain I could not move them and my lower back received injuries as well, I said to know the officers identity but my parole officer name P.O. M prophete told me that she would give me the officers names that assaulted me but failed to do so and I would like the court to order P.O prophete to give me the name of the officers that arrested me on 7/24/18

**INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I want to believe hospital and they falsified documents of information to cover up the officer's wrongdoing. Now I'm receiving treatment for my legs and back injury as the result of the NYPD officer's that arrested me.

**VI. RELIEF**

State briefly what money damages or other relief you want the court to order.

1 million Dollars in compensation from each Defendant. 1 million Dollars in punitive ~~Dollars~~ Damages And I would like to go press charges on Each officer for Assault

**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 IFP application.

<u>7/27/18</u>		<u>Robert Murray</u>
Dated		Plaintiff's Signature
<u>Robert</u>	<u>Lee JR</u>	<u>Murray</u>
First Name	Middle Initial	Last Name

<u>Prison Address</u>		
<u>18-18 Hazen St</u>	<u>East Elmhurst NY</u>	<u>11370</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 7-27-18

mail

10007-133099

New York, NY, 10007

508 Pearl Street

United States District Court  
Southern District of New York

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Elmhurst N.Y. 11370

Murray 895-18-00769  
- HAZEN ST  
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