

Pro Se 11 (Rev. 12/16) Third-Party Complaint

UNITED STATES DISTRICT COURT

for the

District of

Division

Rise OF The MOORS

Plaintiff(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.)

-v-

See Attached

~~Defendant~~ Third-party plaintiff(s)

(Write the full name of each defendant/third-party plaintiff. If the names of all the defendants/third-party 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.)

-v-

The Commonwealth of MA et al

Third-party defendant(s)

(Write the full name of each third-party defendant. If the names of all the third-party 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.)

Case No. _____

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

Jury Trial: (check one) ☒ Yes ☐ No

THIRD - PARTY COMPLAINT

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

Rise of The MOORS
P.O. BOX 1538
PAWTUCKET RI
02860
401 600 5529

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Third-Party Defendant No. 3

Name MA STATE TROOPER RYAN CASEY
Job or Title (if known) ~~MA~~ STATE TROOPER
Street Address 485 MAPLE ST
City and County DANVERS
State and Zip Code MA 01923
Telephone Number
E-mail Address (if known)

Third-Party Defendant No. 4

Name EMILY KARSTETTER
Job or Title (if known) judge
Street Address 33 CLARK ST
City and County BOSTON
State and Zip Code MA 02109
Telephone Number
E-mail Address (if known)

II. Initial Complaint

- A. Identify the initial complaint filed against you and the date it was filed. Describe the events that gave rise to the plaintiff's complaint, the nature of the claims asserted, and the relief sought. Attach the complaint as an exhibit.

CONSPIRACY TO COMMIT A CRIME
Illegal possession of firearms
Illegal possession of Ammunition
possession of large capacity magazines
~~Improper storage of firearms~~

SEE
ATTACHED

- B. State whether you have filed an answer to the complaint and, if so, briefly summarize what admissions or denials that answer asserted. Attach the answer as an exhibit.

See Attached Affidavit

III. Third-Party Complaint

- A. Describe the nature of the relationship between you and the third-party defendant. Attach any contracts or documents showing the nature of the relationship.

B. ~~The Defendant(s)~~ Third-Party Plaintiff(s)

Provide the information below for each defendant/third-party plaintiff named in the complaint. Attach additional pages if needed.

Name	Jamhal Talib Abdullah Bey
Street Address	269 Treble Cove Rd
City and County	Billerica
State and Zip Code	MA 01862
Telephone Number	
E-mail Address	

C. The Third-Party Defendant(s)

Provide the information below for each third-party defendant named in the complaint, whether the third-party defendant is an individual, a government agency, an organization, or a corporation. For an individual third-party defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Third-Party Defendant No. 1

Name	The Commonwealth of MA
Job or Title (<i>if known</i>)	MAIDEN DISTRICT COURT
Street Address	4040 MYSTIC VALLEY PKWY
City and County	MEDFORD
State and Zip Code	MA 02155
Telephone Number	781 322 7500
E-mail Address (<i>if known</i>)	

Third-Party Defendant No. 2

Name	Medford MA STATE POLICE
Job or Title (<i>if known</i>)	520 FELLISWAY STATE POLICE
Street Address	520 FELLISWAY
City and County	MEDFORD
State and Zip Code	MA 02155
Telephone Number	781 396 0100
E-mail Address (<i>if known</i>)	

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- B. Explain why, if the plaintiff received any judgment against you, you will be entitled to judgment against the third-party defendant for contribution to or indemnification for the amount of damages and costs awarded to the plaintiff. Include the percentage of the plaintiff's recovery that the third-party defendant will be required to contribute. Describe the facts, or relevant provisions of state law, that demonstrate you are entitled to collect from the third-party defendant.

Defamation + Discrimination of National
Origin + Deprivation of Rights under Color
of Law

IV. 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

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.

Date of signing: 7/20/21

Signature of Defendant/Third-Party Plaintiff

Printed Name of Defendant/Third-Party Plaintiff

RISE OF THE
WIDOWS

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

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Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address