
(full name/prisoner number)

(complete mailing address)

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MONTANA
_____ DIVISION**

Plaintiff,

vs.

Defendant(s).

Case No. _____
(to be assigned by Court)

**PRISONER CIVIL RIGHTS
COMPLAINT: AMERICANS WITH
DISABILITIES ACT (“ADA”) CLAIM**

Jury Trial Requested: ___ Yes ___ No

JURISDICTION

The United States District Court for the District of Montana has jurisdiction over my claims because they arise under a federal statute or the federal Constitution.

PLAINTIFF

My name is _____. I am a citizen of the State of _____,

presently residing at _____.

Americans with Disabilities Act (“ADA”) Claim

DEFENDANT’S NAME and TITLE (one only) _____

DEFENDANT’S EMPLOYER and WORKPLACE _____

*Title II of the ADA applies to a “qualified individual with a disability who with or without reasonable modifications to rules, policies, or practices, . . . meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by a public entity.” A “disability” must fit one of three definitions under 42 U.S.C. § 12102(2) to be actionable under the ADA: there must be “(A) a physical or mental impairment that substantially limits one or more of the major life activities of [an] individual; [or] (B) a record of such an impairment; or (C) being regarded as having such an impairment.” Title II of the ADA applies to incarcerated people who are deprived of the benefits of participation in **prison programs, services, or activities** because of a physical disability. For example, to state an ADA claim for discrimination in not receiving medical treatment, a plaintiff must allege facts showing that they did not receive treatment **because of** their disability, not simply that they did not receive treatment **for** their disability, which is a different type of claim.*

*To state an ADA claim, you must allege facts that support four elements: (1) that you are an individual with a disability; (2) that you are otherwise “qualified” to participate in or receive the benefit of the prison or jail’s services, programs, or activities; (3) that you were either excluded from participation in or denied the benefits of the prison or jail’s services, programs or activities, or were otherwise discriminated against by the prison or jail; and (4) that such exclusion, denial of benefits, or discrimination was by reason of your disability. *Thompson v. Davis*, 295 F.3d 890, 895 (9th Cir. 2002). Additionally, if you are seeking money damages as a remedy, you will have to show that prison or jail officials engaged in **intentional** discrimination.*

The rest of this complaint form contains boxes for your answers. If you need more space, please attach an additional page or pages and write the question number(s) to which you are responding. Fill out all questions to the best of your ability. If you do not know or do not have the information you need to answer the question, state that and then move on to the next question.

If you name more than one Defendant, then you will need to copy and fill out pages with questions that ask for specific information about a particular Defendant. For example, if you name three Defendants, then fill out the questions that ask about the role and/or conduct of a specific Defendant a total of three times (once per Defendant).

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1. On this date _____, I had the following disability (provide facts showing (1) you possessed a physical or mental impairment that substantially limits one or more of your major life activities; (2) you had a record of an impairment; or (3) you were known by others as having an impairment):

2. On this date _____, at this place _____, I was deprived of the following prison benefits (programs, services, or activities):

3. This is why I believe I was deprived of these benefits solely because of my disability:

4. The Defendant engaged in the following discriminatory acts towards me:

5. **If you are seeking money damages:** This is why I believe the Defendant intentionally engaged in those discriminatory acts because of my disability:

6. These are the injuries I suffered from my denial of prison benefits and/or the Defendant's intentional discriminatory acts:

7. This is a brief list of the evidence (witnesses and documents) I know of or possess that I intend to present at trial to prove all of the allegations above and a brief explanation of what it proves:

8. These are the remedies I am asking for (such as money, or an order that this Defendant act or stop acting in a certain way, or a court declaration that this Defendant violated my rights):

9. **If this is a claim against prison officials:** On these dates, _____, this is what I did to exhaust my administrative remedies to bring this claim to the attention of supervisors or authorities before I included this claim in a federal civil rights lawsuit, and I am attaching the grievance forms and grievance appeals to this document, or explaining why I have not used the grievance process or attached the forms:

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I am the Plaintiff in this action; that I have read this Complaint; that the information contained in this Complaint is true and correct (28 U.S.C. § 1746; 18 U.S.C. § 1621); and that this Complaint was placed in the prison mailing system or handed to the prison legal resource personnel for e-filing on _____.
(month, date, year)

(signature of Plaintiff)

Forms for related claims (available in PDF format from District Court website):

- Medical Care claim