full name/prisoner number)	
(complete mailing address)	
	O STATES DISTRICT COURT ISTRICT OF MONTANA DIVISION
Plaintiff, vs.	Case No(to be assigned by Court)
	PRISONER CIVIL RIGHTS COMPLAINT: BIVENS CLAIM
	Jury Trial Requested: Yes No
Defendant(s).	_,
	URISDICTION rict of Montana has jurisdiction over my claims because
hey arise under a federal statute or the federa	
	PLAINTIFF
My name is	. I am a citizen of the State of

Bivens Claim

DEFENDANT'S NAME and TITLE (one only)		
s committed by nich permits you to lor of federal law,		
federal employees f official duties a particular amages or injury. 8 (1971).		
olation you allege. fyour underlying ions of confinement		
582 U.S. 120 ourt decision ion under Bivens is		
oace, please attach onding. Fill out all on you need to		
with questions that three Defendants, lant a total of three		

1. ((continued):
2.	These are the injuries and/or damages I suffered or may suffer in the future (as a result of this
	particular Defendant's acts), and this is the monetary value of these damages:
	particular Defendant's acts), and this is the monetary value of these damages:
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3.	This is a brief list of the evidence (witnesses and documents) I now 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:
4.	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:
4.	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
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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):

- Conditions of Confinement claim
- Excessive Force claim
- Medical Care claim
- Retaliation claim