

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

RECEIVED

JUN 28 2011

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

AT 8:30 WILLIAM T. WALSH, CLERK

Lemont Love (Enter above the full name of the plaintiff in this action)

COMPLAINT

v.

Civil Action No. 11-3765 GEB/DEA (To be supplied by the Clerk of the Court)

John Doe 1

John Doe 2

John Doe 3

John Doe 4

John Doe 5

(Enter above the full name of the defendant or defendants in this action)

INSTRUCTIONS -- READ CAREFULLY

- 1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
3. You must provide the full name of each defendant or defendants and where they can be found.
4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
5. Upon receipt of a fee of \$350.00, your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

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- 6. If you cannot prepay the \$350.00 filing fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth in the application to proceed in forma pauperis. See 28 U.S.C. § 1915. (if there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)
- 7. If you are given permission to proceed in forma pauperis, the Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint which you have submitted will be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

QUESTIONS TO BE ANSWERED

1a. Jurisdiction is asserted pursuant to (CHECK ONE)

42 U.S.C. § 1983 (applies to state prisoners)

Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics,
403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)

If you want to assert jurisdiction under different or additional statutes, list these below:

1b. Indicate whether you are a prisoner or other confined person as follows:

Pretrial detainee

Civilly-committed detainee

Immigration detainee

Convicted and sentenced state prisoner

Convicted and sentenced federal prisoner

Other: (please explain) appeal pending

2. Previously Dismissed Federal Civil Actions or Appeals

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

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a. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

b. Court and docket number: _____

a. Grounds for dismissal: () frivolous () malicious () failure to state a claim upon which relief may be granted

d. Approximate date of filing lawsuit: _____

e. Approximate date of disposition: _____

If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.

3. Place of Present Confinement? Northern State Prison

4. Parties

(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

a. Name of plaintiff: LeMont Love

Address: PO Box 2300

Newark NJ 07114

Inmate #: 331321C

b. First defendant -- name: John Doe I

Official position: police officer

Place of employment: South river police department.

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How is this person involved in the case?
(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

c. Second defendant -- name: John Doe 2

Official position: Police officer

Place of employment: South River police department

How is this person involved in the case?
(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

5. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.

Yes No

If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.

After I got out of the hospital I filed charges against the officers who assaulted me with the court administrator in South River I did the same everytime they gave me frivalous tickets. The outcome is still pending.

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7. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I would like to be compensated for the violations of my rights and I would like these officers to be punished.

8. Do you request a jury or non-jury trial? (Check only one)

() Jury Trial

() Non-Jury Trial

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of _____, 200_____.

Lorriant Lane
Signature of plaintiff¹

Lorriant Lane

¹ EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT.

UNITED STATES DISTRICT COURT

RECEIVED

District of

JUN 28 2011

AT 8:30 WILLIAM T. WALSH CLERK

Plaintiff

APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES AND AFFIDAVIT

v.

Defendant

CASE NUMBER: 11-3765 (AET/DEA)

Lemont Love

declare that I am the (check appropriate box)

petitioner/plaintiff/movant other

I the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

Are you currently incarcerated? Yes No (If "No," go to Part 2)

If "Yes," state the place of your incarceration Northern State Prison

Are you employed at the institution? yes Do you receive any payment from the institution? yes

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

In the past 12 twelve months have you received any money from any of the following sources?

- a. Business, profession or other self-employment Yes No
b. Rent payments, interest or dividends Yes No
c. Pensions, annuities or life insurance payments Yes No
d. Disability or workers compensation payments Yes No
e. Gifts or inheritances Yes No
f. Any other sources Yes No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

COISMI1

NORTHERN STATE PRISON

RECEIVED

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 10/01/2010 - 03/31/2011

JUN 28 2011

SBI #: 000331321C Name: LOVE, LEMONT
 LOCATION: NSP-SOUTH-F3W-308B
 PED: 05/04/2014 As of Date: 05/04/2014

AT 8:30 _____ M
 WILLIAM T WALSH, CLERK
 DOB: 10/02/1980
 INM# 670637
 Max Date: 02/10/2017

LOCATION	SUB ACCOUNT	BEGINNING BALANCE	ENDING BALANCE	HOLD
NSP	2101 SPENDABLE	0.00	179.51	
NSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
NSP	2103 RELEASE SAVINGS	0.00	0.00	

DEBTS AND LOANS SUMMARY

TYPE	PAYABLE	DATE CREATED/INSTITUTION	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
LGLML	LEGAL MAIL LOAN	10/15/2002 @ CRAF	12.62	12.62	0.00	ACTIVE
MEDL	MEDICAL LOAN	01/31/2011 @ CRAF	10.00	10.00	0.00	ACTIVE
RXL	PHARMACY LOAN	02/07/2011 @ CRAF	2.00	2.00	0.00	ACTIVE
COL	COMMISSARY LOAN	10/28/2002 @ GYCF	50.51	50.51	0.00	ACTIVE
MEDL	MEDICAL LOAN	08/28/2003 @ GYCF	4.88	4.88	0.00	ACTIVE
RXL	PHARMACY LOAN	08/28/2003 @ GYCF	2.00	2.00	0.00	ACTIVE
LGLML	LEGAL MAIL LOAN	02/10/2004 @ GYCF	24.95	24.95	0.00	ACTIVE
IDL	ID CARD LOAN	02/26/2004 @ GYCF	0.50	0.50	0.00	ACTIVE

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
TCF	TRANSACTION COLLECTION FEE	10112002 @CRAF		0.50	UNLIMITED	ACTIVE
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	99-03-00055-A	0.00	0.00	0.00	SUSPENDED
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	99-03-00056-A	30.00	30.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	99-03-00056-A	75.00	75.00	0.00	ACTIVE
VCCB	\$100 VICTIMS OF CRIME COMPENSATION BOARD	01-08-00901-I	117.00	117.00	0.00	ACTIVE
CDRC	\$100 CRIMINAL DISP. AND REV. COLLECTION	01-08-00901-I	9.00	9.00	0.00	ACTIVE
VWAF	\$100 VICTIMS AND WITNESS ADVOCACY FUND	01-08-00901-I	24.00	24.00	0.00	ACTIVE
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	01-08-00901-I	30.00	30.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	01-08-00901-I	225.00	225.00	0.00	ACTIVE
TCF	TRANSACTION COLLECTION FEE	10222002 @GYCF		35.00	UNLIMITED	ACTIVE
VCCB	\$100 VICTIMS OF CRIME COMPENSATION BOARD	11/23/99 12:02:13 1	100.00	100.00	0.00	ACTIVE
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	11/23/99 12:02:13 1	0.00	0.00	0.00	SUSPENDED
SNSF	SAFE NEIGHBOURHOOD	11/23/99 12:02:13 1	0.00	0.00	0.00	SUSPENDED
FLF	FORENSIC LAB FEES	11/23/99 12:02:13 1	0.00	0.00	0.00	SUSPENDED
DEDR	DRUG ENFORCEMENT	11/23/99 12:02:14 1	1,655.00	149.43	1,505.57	ACTIVE
FS	FINE - STATE	11/23/99 12:02:14 1	500.00	0.00	500.00	ACTIVE
OTF	OBLIGATION TRANSACTION FEE	05022000 @NJPA		3.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	03072011 @NSP		1.00	UNLIMITED	ACTIVE

COISMI1

NORTHERN STATE PRISON

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 10/01/2010 - 03/31/2011

SBI #: 000331321C

Name: LOVE, LEMONT

DOB: 10/02/1980

LOCATION: NSP-SOUTH-F3W-308B

INM# 670637

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
			BEGINNING BALANCE:		0.00
03/07/2011	NSP	AD	CASH ON ARRIVAL	0.00	0.00
03/15/2011	NSP	TIR	TRANSFER IN REGULAR FROM CRAF	20.08	20.08
03/18/2011	NSP	CRS	COMMISSARY SALE - ORD #5737259CAN1	(10.12)	9.96
03/23/2011	NSP	CRS	COMMISSARY SALE - ORD #5744729CAN1	(8.71)	1.25
03/25/2011	NSP	MR	MAIL RECEIPT	200.00	201.25
03/25/2011	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	186.25
03/25/2011	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	201.25
03/25/2011	NSP	DED	DEDUCTION-DEDR-11/23/99 12:02:14 1 D	(20.00)	181.25
03/25/2011	NSP	DED	DEDUCTION-RXL-02072011 D	(0.74)	180.51
03/25/2011	NSP	DED	TRANSACTION FEE FOR TCF	(1.00)	179.51

COISM11

NORTHERN STATE PRISON

OTRSTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 12/15/2010 - 03/31/2011

SBI #: 000331321C Name: LOVE, LEMONT DOB: 10/02/1980
 LOCATION: NSP-SOUTH-F3W-308B INM#: 670637
 PED: 05/04/2014 As of Date: 05/04/2014 Max Date: 02/10/2017

LOCATION	SUB ACCOUNT	BEGINNING BALANCE	ENDING BALANCE	HOLD
NSP	2101 SPENDABLE	0.00	179.51	
NSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
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MEDL	MEDICAL LOAN	01/31/2011 @ CRAF	10.00	10.00	0.00	ACTIVE
RXL	PHARMACY LOAN	02/07/2011 @ CRAF	2.00	2.00	0.00	ACTIVE
COL	COMMISSARY LOAN	10/28/2002 @ GYCF	50.51	50.51	0.00	ACTIVE
MEDL	MEDICAL LOAN	08/28/2003 @ GYCF	4.88	4.88	0.00	ACTIVE
RXL	PHARMACY LOAN	08/28/2003 @ GYCF	2.00	2.00	0.00	ACTIVE
LGLML	LEGAL MAIL LOAN	02/10/2004 @ GYCF	24.95	24.95	0.00	ACTIVE
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LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	99-03-00056-A	30.00	30.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	99-03-00056-A	75.00	75.00	0.00	ACTIVE
VCCB	\$100 VICTIMS OF CRIME COMPENSATION BOARD	01-08-00901-I	117.00	117.00	0.00	ACTIVE
CDRC	\$100 CRIMINAL DISP. AND REV. COLLECTION	01-08-00901-I	9.00	9.00	0.00	ACTIVE
VWAF	\$100 VICTIMS AND WITNESS ADVOCACY FUND	01-08-00901-I	24.00	24.00	0.00	ACTIVE
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TCF	TRANSACTION COLLECTION FEE	10222002 @GYCF		35.00	UNLIMITED	ACTIVE
VCCB	\$100 VICTIMS OF CRIME COMPENSATION BOARD	11/23/99 12:02:13 1	100.00	100.00	0.00	ACTIVE
LEOTEF	LAW ENFOR. OFR. TRAIN. & EQUIP. FUND	11/23/99 12:02:13 1	0.00	0.00	0.00	SUSPENDED
SNSF	SAFE NEIGHBOURHOOD	11/23/99 12:02:13 1	0.00	0.00	0.00	SUSPENDED
FLF	FORENSIC LAB FEES	11/23/99 12:02:13 1	0.00	0.00	0.00	SUSPENDED
DEDR	DRUG ENFORCEMENT	11/23/99 12:02:14 1	1,655.00	149.43	1,505.57	ACTIVE
FS	FINE - STATE	11/23/99 12:02:14 1	500.00	0.00	500.00	ACTIVE
OTF	OBLIGATION TRANSACTION FEE	05022000 @NJPA		3.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	03072011 @NSP		1.00	UNLIMITED	ACTIVE

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STATEMENT DATE: 12/15/2010 - 03/31/2011

SBI #: 000331321C Name: LOVE, LEMONT DOB: 10/02/1980
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03/25/2011	NSP	DED	DEDUCTION-DEDR-11/23/99 12:02:14 1 D	(20.00)	181.25
03/25/2011	NSP	DED	DEDUCTION-RXL-02072011 D	(0.74)	180.51
03/25/2011	NSP	DED	TRANSACTION FEE FOR TCF	(1.00)	179.51

From: HelpDesk HelpDesk
To: Rosella Smith
Date: 3/31/2011 1:46 PM
Subject: Re: MHD 167858

Thank you for Emailing the HelpDesk! There is no need for you to reply to this Email notification.

Your Email has been assigned the ticket number indicated in the Subject line of this Email.

An OIT staff member will contact you either by phone or Email regarding the processing of this ticket.

Should you need to check on the progress of this ticket, please contact the HelpDesk and refer to the MHD # referenced in the Subject line of this email.

DOCNet HelpDesk agent
609 984 8288

re: check printer

>>> Rosella Smith 3/31/2011 1:08 PM >>>

Please check to see if the printer is blocked, I have not printed checks all morning. That's since 8:30 when I signed in. my no. is 4390.

