with the full list of names. Do not include addresses here.)

# UNITED STATES DISTRICT COURT

for the

Middle District of Florida

dacksonvil Division

Steve Boursiquot	) Case No.	$\frac{3!}{7-(y-5)} = \frac{5}{5}$ (to be filled in by the Clerk's Office)	NUST
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-	) ) ) ) )	2317 HAY -9	<u>-</u>
Plager County Sheriff's Office  Defendant(s)  (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page	) ) ) )	PH 2: 44	<u>.</u>

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *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.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

## I. The Parties to This Complaint

Α.	The	Diain	tiff(s)
A.	ı ne	PININ	HHH

B.

Provide the information below for needed.	or each plaintiff named in the comp	laint. Attac	ch additional pages if
Name	Steve Boursique	+	
All other names by which	51X15 12X1 VIGN		<del></del>
you have been known:			
ID Number	17-0223		
Current Institution	Flagler County deten	Ing For	zilitu
Address	1002 Justice Lane	11127.744	4,17
	Punell	A	32110
	City	State	Zip Code
The Defendant(s)			
listed below are identical to thos the person's job or title (if known) individual capacity or official ca	, an organization, or a corporation. e contained in the above caption. I and check whether you are bringin pacity, or both. Attach additional pacity.	For an indiv g this comp	idual defendant, include plaint against them in their
Defendant No. 1	<b>H</b>	<b>.</b>	
Name	Hagler County SI	neriffs	Office
Job or Title (if known)	Sheriff's Office		
Shield Number			
Employer	001 1 11 1	ni i	
Address	901 East Moody	byd_	10110
	L)UNNEII City	State	52110 Zip Code
	Individual capacity	Official o	•
Defendant No. 2	•	•	
Name	Floate Contu	detention	on Excility
Job or Title (if known)	Detention Facility	i I	7
Shield Number			
Employer	Floaler Counted &	iheritt!	) Office
Address	100 stratice Lane		
	Bunnell	Ħ_	32110
	City	State	Zip Code
	Individual capacity	<b>(</b> Official o	capacity

Pro Se 14	4 (Rev. 12/	6) Complaint for Violation of Civil Rights (Prison	er) .		·
		Defendant No. 3			•
		Name			
		Job or Title (if known)		· ·	
		Shield Number			
		Employer			
		Address			
	•.			<del></del>	•
			City	State	Zip Code
			Individual capacity	Official capacit	у
		Defendant No. 4	,		
		Name			
		Job or Title (if known)			
		Shield Number			
		Employer			· · · · · · · · · · · · · · · · · · ·
		Address			
			City	State	Zip Code
			Individual capacity	Official capacit	ty
II.	Basis	for Jurisdiction			
	immu <i>Feder</i>	42 U.S.C. § 1983, you may sue state nities secured by the Constitution and al Bureau of Narcotics, 403 U.S. 388 tutional rights.	l [federal laws]." Under Biv	ens v. Six Unknown N	lamed Agents of
	A.	Are you bringing suit against (check	all that apply):		
		Federal officials (a Bivens cla	im)	-	
		· · · · · · · · · · · · · · · · · · ·			
		State or local officials (a § 19	83 claim)		
	В.	Section 1983 allows claims allegin the Constitution and [federal laws] federal constitutional or statutory r	." 42 U.S.C. § 1983. If you	are suing under secti	on 1983, what
		The Right to Adigiou	s Practice; Crue	Laeunu bna 1	punishment;
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what const officials?			

	T Boxis for lowediction D
1)	II Basis for Jurisdiction. D Haven't met my religious request (First Amendment)
.4)	Officers putting me through creat and unusual punishment
3)	kitchen has retised to give me Halal Food (First Amendment
4	Medical Malprochie
	THORCA PULL PROCESSOR
	·
	•
	•

ro Şe	14 (Rev. 12/	(16) Complaint for Violation of Civil Rights (Prisoner)
•		•
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
		The chaplain, who is in charge of Aeligous request;
III.	Priso	ner Status
	Indica	nte whether you are a prisoner or other confined person as follows (check all that apply):  Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Staten	nent of Claim
	alleged further any ca	is briefly as possible the facts of your case. Describe how each defendant was personally involved in the di wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		Jan. 29th, 2017 - May 1st, 2017 Hagter County Detention Facility

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C. What date and approximate time did the events giving rise to your claim(s) occur?

April 14th 2017 : May 1st 2017 : May 1st 2017

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Damaged vision; Policological damages; Embarssment and humiliation; - No treatment For all olams

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Psycological therapy; optical treatment; counciling a manufacture month

	$\pi$ $\alpha$
<del></del>	IV Statement of Claim D.)
1)	After 3 months of incarcination Chaplen has tailed to
	give me or huti and get an Imam (religious leader)
	to some once a week to conduct Samah".
	to the othe a user to conduct portars.
2)	when asked the hitchen to put me on a halal diet,
	I was told halal isn't allowed in this jail and was put
	on a vegitarian diet.
3)	live Been Forced to sleep in a cell with 24 hour
	lights on when I've told officers - I have Bad vision
	and caterar, they completly disregard my claim and have
	continued to put me through this touture.
-	
竹	I have PTSD and have been going through a
	phycological downfall, going into a deep depression, suiside
	thoughts, heating voices, and having demonic nightmans
	I could not escape. This is all because I have never
	I could not escape. This is all because I have never gother my weekly mental health counciling since incording.
	·

	VI Reliet
)	I need psycological thorapy to help restabilize my mental
	reith.
2)	optical treatment for depriving my eyes of 8 hours of dim
	lighting.
3)	counciling for the embarassment and humilation of not
· · · · · · · · · · · · · · · · · · ·	getting to practice my religion and having to beg for a triday
<del></del>	Service.
	I would Accept a settlement of 13 million dollars for
	What this eaunty has made me indure.

# VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	Flagler County Sheriff's Office
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No
	Do not know
	If yes, which claim(s)?

D.	Did con	l you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose cerning the facts relating to this complaint?
		Yes
	)	(No .
	If n	o, did you file a grievance about the events described in this complaint at any other jail, prison, or er correctional facility?
		Yes
	X	No
E.	If y	ou did file a grievance:
	1.	Where did you file the grievance?
	2.	What did you claim in your grievance?
	3.	What was the result, if any?
	4.	What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
		$\cdot$

	г.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
		The deliberaty told me no lalso never even responding to my responding to
	<b>G.</b>	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	The "th the filing brought malicio	us Lawsuits  tree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying a gree if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, aus, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	No	
	If yes, s	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

	VII. Exhaustion of Administrative Bonedies Administrative Procedures
	G.
· · · · · · · · · · · · · · · · · · ·	
	I have verbally as well as electronically ask all dequities,
	39ts, and corprals for a grievence and all delayed and
	tetuse my process of law
<del></del>	<del> </del>
<del></del>	
· <del>·</del>	
	<del></del>
<del></del>	
•	
-	
<del></del>	
<u> </u>	<u> </u>

imprisonment?

	, 100			
fy noi	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is one than one lawsuit, describe the additional lawsuits on another page, using the same format.)			
l.	Parties to the previous lawsuit			
	Plaintiff(s) Steve Boursiquot			
	Defendant(s) Manuel Sa, Steven Vickers			
2.	Court (if federal court, name the district; if state court, name the county and State)			
	United States District Court Middle District of Horida Jacksonville			
3.	Docket or index number			
	3:17-CV-460-)-34) RK			
4.	Name of Judge assigned to your case			
	N/A			
ς.	Approximate date of filing lawsuit			
<i>J</i> .	4/19/2017			
_				
6.	Is the case still pending?			
	Yes			
	□ No			
	If no, give the approximate date of disposition.			
	What was the result of the case? (For example: Was the case dismissed? Was judgment entered			

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		Yes			
	M	No			
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)				
	1.	Parties to the previous lawsuit Plaintiff(s)			
		Defendant(s)			
	2.	Court (if federal court, name the district; if state court, name the county and State)			
	3.	Docket or index number			
	4.	Name of Judge assigned to your case			
	5.	Approximate date of filing lawsuit			
	6.	Is the case still pending?			
		Yes			
		No			
		If no, give the approximate date of disposition			
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)			

#### IX. 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:	5/1/17		
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Stever Boursigest 2017-0223 1002 Justice lane Bunnell City	FL State	32/10 Zip Code
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number			
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			_
	E-mail Address			