

IN THE UNITED STATES DISTRICT COURT  
FOR THE \_\_\_\_\_ DISTRICT OF \_\_\_\_\_  
\_\_\_\_\_ DIVISION

(Write the District and Division, if any, of the  
court in which the complaint is filed.)

MICHAEL ALMOND JR.

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(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.)

**-against-**

FLAGLER COUNTY, SHERIFF'S  
OFFICE, FQSD OFFICERS AT  
~~FCDF~~ FCDF ET AL

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

**Complaint for Violation of Civil  
Rights**  
(Prisoner Complaint)

Case No. 21-cv-39-J-32 JRK  
(to be filled in by the Clerk's Office)

Jury Trial:  Yes  No  
(check one)

(SEE ATTACHED)

2021 JAN 13 PM 1:42  
U.S. DISTRICT COURT  
MIDDLE DISTRICT OF FLORIDA  
ORLANDO, FLORIDA

FILED

**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**

**A. The Plaintiff(s)**

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

Name MICHAEL ANTHONY ALMOND JR.  
All other names by which you have been known:

ID Number # 248250  
Current Institution FCDF  
Address 1002 JUSTICE LN  
BUNNELL FL 32110

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name FLAGLER COUNTY, ET AL  
Job or Title (if known) FCDF, FCDF HUMA' OFFICERS  
Shield Number FCDF CONTROL ROOM OFFICERS,  
Employer FCDF SUPERVISORS AND SUPERIORS  
Address HAVE GOT TO GET RESPONSE NAMING OFFICERS

Individual capacity       Official capacity

Defendant No. 2

Name SEE ATTACHED

1, B. THE NAMES, TITLES AND SHIELD #S OF THE DEFENDANTS WILL BE PROVIDED AS SOON AS AND IF THIS PLAINTIFF RECEIVES THEM. THE PLAINTIFF HAS REQUESTED THE SAME AS WELL AS AN INMATE ROSTER AND NAMES OF (2) TWO CIVILIAN VOLUNTEERS AND WILL PROVIDE THE SAME TO THIS COURT VIA AN AMENDED COMPLAINT.

Job or Title \_\_\_\_\_  
(if known)  
Shield Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Individual capacity                       Official capacity

Defendant No. 3

Name \_\_\_\_\_  
Job or Title \_\_\_\_\_  
(if known)  
Shield Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Individual capacity                       Official capacity

Defendant No. 4

Name \_\_\_\_\_  
Job or Title \_\_\_\_\_  
(if known)  
Shield Number \_\_\_\_\_  
Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Individual capacity                       Official capacity

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- Federal officials (a *Bivens* claim)
- State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

#1 RIGHT TO CONFER WITH COUNSEL  
 #2 RIGHT TO FREELY PRACTICE RELIGION  
W/O RETALIATION OR LOSS OF PRIVILEGE  
ELSEWHERE

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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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 *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

DEFENDANTS (STAFF) PURPOSELY MADE CHOICE FOR PLAINTIFF  
WHICH RESULTED IN DENIAL OF PLAINTIFFS  
VISIT WITH DEFENSE COUNSEL AS WELL  
AS WITH OTHER INMATES

III. Prisoner Status

Indicate 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. Statement of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement 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.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

FLAGLER COUNTY DETENTION FACILITY, BLOCK M  
TO CLASSROOM #3 FOR BIBLE STUDY

\_\_\_\_\_

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

JANUARY 7, TH 2021 1 PM - 3:30 PM

\_\_\_\_\_

- 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?)

JANUARY 6, 2021, PLAINTIFF MADE CONTACT  
WITH DEFENSE ATTORNEY, SPENCER ONEAL VIA JAIL  
PHONES APPROX 3 PM, WHERE HE LEARNED  
COUNSEL SCHEDULED APPT WITH PLAINTIFF FOR 2:00 PM  
JANUARY 7, 2021

PLAINTIFF WAS CALLED OUT BY HUDD FOR BIBLE STUDY SCHEDULED FOR 1:00pm. BEFORE ESCORT TO CLASSROOM PLAINTIFF EXPRESSED CONCERN FOR AND ADVISED HUDD OF APPT WITH ATTORNEY AND WAS ADVISED THAT HE COULD GO AND THAT HE WOULD MAKE HIS APPT WITH HIS ATTORNEY  
V. Injuries PLAINTIFF PERSONALLY CONTACTED CONTROL FROM CLASSROOM

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.

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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.

PER RIGHT VIOLATION - TOTAL \$10,000.00  
\$ 5,000.00 FIVE THOUSAND PLUS ANY FEES OR COSTS PLAINTIFF WILL HAVE INCURRED AT TIME OF TRANSFER / RELEASE. I AM NOT A LAWYER BUT AMOUNT ISN'T EXHIBITANT, SEEMS REASONABLE, MAKE LOW AS IT HAS HAPPENED TO OTHERS SINCE INCARCERATION 12/14/20

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.

THERE IS NO REMEDY AVAILABLE OTHER THAN MONETARY DAMAGES AND FIRING NEGLIGENT AND/OR GUILTY EMPLOYEES

IV. STATEMENT OF CLAIM (D.(CONTINUED))

MORE THAN ONCE AT LEAST 15 MINUTES PRIOR TO SCHEDULED APPT WITH MR ONEAL. HE DID SO WITH AT LEAST 18 OTHERS PRESENT IN THE CLASSROOM NO ONE EVER CAME UNTIL IT WAS TIME FOR CLASS TO END AT 3:30 PM

THIS DEFENDANT FEELS THAT SINCE HE WAS CONFIDENT AND REASSURED OF HIS ABILITY TO ATTEND HIS WEEKLY RELIGIOUS PROGRAM, THAT THERE WOULD BE NO PROBLEM IN BEING ESCORTED FROM CLASS AND TAKEN TO CONDUCT HIS BUSINESS WITH HIS ATTORNEY AS SCHEDULED.

THIS DEFENDANT <sup>FEELS</sup> THAT OF THE SEVERAL HOUSING UNIT DETENTION DEPUTIES PRESENT, HE WAS DISCRIMINATED AGAINST SINCE HE "CHOSE" TO ATTEND BIBLE STUDY, HE DESERVED TO MISS HIS ATTORNEY VISIT, THIS EVEN AFTER ADVISING STAFF OF THE SAME BEFORE LEAVING <sup>THE</sup> BLOCK AT 1 PM AND PERSONALLY TRYING TO GET AN ESCORT AT 1:45 PM FROM CLASSROOM MORE THAN ONCE

CONTROL ROOM OFFICER ADVISED THAT ESCORT WOULD BE THERE WHEN PLAINTIFF MADE FIRST CONTACT APPROX 1:45. UPON SECOND CONTACT CONTROL ROOM OFFICER INFORMED PLAINTIFF THAT SHE DID CONTACT HUDD OFFICERS, THAT THEY WOULD BE THERE FOR ESCORT AND TO NOT HIT BUTTON ANY MORE THIS WAS AT APPROX 2:05 PM

INMATE TIMOTHY GIBSON ALSO ADVISED STAFF OF 2:30 PM VISIT AT THE SAME TIME AS PLAINTIFF. THEY FAILED TO ESCORT HIM FROM CLASS AS WELL.



THIS PLAINTIFF CONTENDS AND CAN DEMONSTRATE THAT THIS IS NOT JUST A MISTAKE, OR ISOLATED ONE TIME INCIDENT THAT AFFECTED ONLY HIM BUT RATHER A TREND THAT HAS AFFECTED OTHERS - LIKE INMATE WARREN MARZ #266356 WHEN HE "CHOSE" TO ATTEND THE VERY SAME BIBLE STUDY, HE WAS DEPRIVED OF HIS ABILITY TO MAKE HIS APPT WITH HIS DEFENSE ATTORNEY; BILL BOOKHAMMER. THIS HAPPENED SOME MONTHS AGO BUT THIS PLAINTIFF WILL OBTAIN THE RECORD AND /OR DOCUMENTATION TO SUPPORT HIS CLAIM(S)

FOR THESE REASONS THIS PLAINTIFF STATES THAT IT APPROACHES THE LIKELYHOOD THAT IT IS AND/OR HAS BECOME STANDARD OR COMMON PRACTICE TO DISCRIMINATE AGAINST THOSE INMATES WHO "CHOOSE" TO ATTEND A RELIGIOUS SERVICE, CLASS, OR EVENT THAT OVERLAPS WITH ANOTHER EVENT, SUCH AS VISITATION, WITH FAMILY, FRIENDS, VA LIASONS, OR ATTORNEYS

INMATE TIMOTHY GIBSON WAS ALSO DENIED HIS VISIT SCHEDULED FOR 2:30 WITH THE DEPT OF VETERANS' AFFAIRS. HE WAS SUPPOSED TO BE ESCORTED BACK TO BLOCK WITH THIS PLAINTIFF BY 2:00PM FROM BIBLE STUDY AS WELL.

THIS PLAINTIFF CAN DEMONSTRATE A COMMON PRACTICE AT WORK HERE AT FCDF THAT IF YOU GO TO BIBLE STUDY OR CHURCH YOU WILL NOT GET YOUR VISIT.

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 DETENTION FACILITY

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

- 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)?

COMMANDER MET WITH ME SAID "SORRY"  
THAT THEY "MADE A MISTAKE" AND THAT  
IT WOULDN'T HAPPEN AGAIN

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

- Yes  
 No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

- Yes
- No

E. If you did file a grievance:

1. Where did you file the grievance?

FCDF

2. What did you claim in your grievance?

DEPRIVATION OF RIGHTS TO CONFER WITH  
DISCRIMINATION COUNSEL  
DEPRIVATION OF RIGHT TO PRACTICE RELIGION  
W/O FEAR OF CONSEQUENCE OR RETALIATION

3. What was the result, if any?

APOLOGY - ASSURANCE IT WOULDN'T  
HAPPEN AGAIN

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.)

TO BEST OF MY KNOWLEDGE, CAN  
GO NO HIGHER

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

WAS TOLD TO FILE REQUEST FIRST  
THERE ISN'T ANYTHING TO REQUEST OR  
FIELD FOR SAME, ONLY THING TO REQUEST  
IS MONETARY RELIEF, ENFORCE CHANGED  
PROCEDURE

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

APOLOGY, CPL LEFLEUR  
I TOLD HIM IT WAS JUST WRONG, THAT IS  
COMMON PRACTICE AND I WAS FILING  
SUIT

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

DON'T BELIEVE SIMPLE APOLOGY IS ADEQUATE  
RELIEF, NOT SATISFIED, IM ONLY ONE TO  
RECEIVE APOLOGY, HAS HAPPENED TO OTHERS AS WELL.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger 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"?

Yes

No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

\_\_\_\_\_

\_\_\_\_\_

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A 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?)*

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C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes

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)*

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3. Docket or index number

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4. Name of Judge assigned to your case

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5. Approximate date of filing lawsuit

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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: JAN 10, 2021.

Signature of Plaintiff 

Printed Name of Plaintiff MICHAEL ALMOND JR

Prison Identification # 248250

Prison Address FLDF 1002 JUSTICE LN

BUNNELL FL 32110  
City State Zip Code

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_



Flagler Co. Inmate Facility  
I/M Name: MICHAEL ALMOND JR  
I/M # 248250  
1002 Justice Lane  
Bunnell, FL 32110

CLERK OF COURTS  
UNITED STATES DISTRICT COURT  
300 N. HOGAN ST  
JACKSONVILLE, FL. 32202

This letter originates from the Flagler County Detention Facility. Inmate mail is uncensored and the Sheriff cannot assume responsibility for its contents.

32202\$4272 0013

