UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

1 HOW TO FILE AN EMPLOYMENT DISCRIMINATION COMPLAINT:

2 INSTRUCTIONS FOR PERSONS WITHOUT AN ATTORNEY

3 This packet includes each of the following forms:

4 1. How to File an Employment Discrimination Complaint (Intake 1);

5 2. Employment Discrimination Complaint (Intake 2);

6 3. Application to Proceed In Forma Pauperis (Intake 3);

7 I. GENERAL INSTRUCTIONS

8 A. Three completed copies of each applicable form should be sent to the Court.

Upon filing, the Clerk will return to you a file stamped copy of each document. If the documents

9 submitted by you are not complete, you will be advised. When you mail in the forms, you should

10 keep one set for your records.

B. All blanks must be filled in. If an entry does not apply to you, write "not

11 applicable" in the provided space.

12 C. Effective December 1, 2020, the filing fee for a complaint is $350.00 and the administrative fee is $52, for a total cost of $402 for filing a new civil complaint. If you are financially unable to pay that fee, you must complete the Application to Proceed In Forma

13 Pauperis (Intake 3). If you are able to pay the filing fee, you need not complete the

Application to Proceed In Forma Pauperis. However, you must prepare a summons, have it

14 issued by the Clerk's Office and make arrangements with a private process server to have your

15 summons and complaint served upon the defendant.

D. Your complaint must be filed within the time specified by your Notice-Of-Right-

16 To-Sue letter.

17 E. If you contact the Court about your case, you must use the name and number of the case: for instance. Jones v. Acme Construction, C02-0123ABC. This number will be

18 stamped on the copies of your documents returned by the Clerk when your case is filed. The

letters at the end of the number are the initials of the judge to whom your case has been randomly

19 assigned. These letters are part of the case number and must be used by you if you inquire about

20 your case.

21 is

F. unable to

You must notify the Clerk promptly if your mailing address changes. If the Court contact you, your case may be dismissed for lack of prosecution.

22 G. Before mailing your forms to the Court, you should remove these instructions and

23 keep for reference.

24 of the

25

H. If you are filing a complaint against a Federal Agency, you should fill out all parts forms that apply to you and add any additional information that is appropriate.

I. If you are a minor, include only your initials on all documents where your name is

26 requested. DO NOT INCLUDE YOUR NAME.

27 II. EMPLOYMENT DISCRIMINATION COMPLAINT (Intake 2)

28 A. Insert the name of the employer(s) against whom you are complaining in the

Form-Intake 1 (Rev. 5/21)

1 heading above the word "Defendant(s)." If you are complaining against a federal agency, department or unit, insert the title of the head of that agency, department or unit above the word

2 "Defendant(s)." (For example, if you are complaining against the U.S. Postal Service, insert

"Postmaster General;" if you are complaining against the U.S. Navy, insert "Secretary of the

3 Navy.") Write your name above the word "Plaintiff."

4 B. Paragraphs 1 and 2 - Be sure to provide full and accurate addresses.

5 C. Paragraph 9 - Be sure to attach a copy of your Notice-Of-Right-To-Sue letter.

6

THE COMPLAINT MUST BE FILED WITHIN THE TIME SPECIFIED

7 IN YOUR NOTICE-OF-RIGHT-TO-SUE LETTER

8 III. APPLICATION TO PROCEED IN FORMA PAUPERIS (Intake 3)

9 A. This form should be used ONLY if you are financially unable to pay the filing fee. Each complaint must be accompanied with either the filing fee payment or a completed

10 Application to Proceed In Forma Pauperis.

11 B. All blanks must be filled in. If an entry does not apply to you, write "not applicable" in the provided space.

12

13 When the forms are completed, bring them or mail them to:

14 Clerk, United States District Court

450 Golden Gate Avenue

15 P.O. Box 36060

San Francisco, CA 94102

16

17

18

19

20

21

22

23

24

25

26

27

28

Form-Intake 1 (Rev. 5/21) - 2 -

1

2

3

4

5

6

7

8 UNITED STATES DISTRICT COURT

9 NORTHERN DISTRICT OF CALIFORNIA

10 )

)

11 Plaintiff, )

)

12 vs. ) CASE NO.

)

13 ) EMPLOYMENT DISCRIMINATION

) COMPLAINT

14 Defendant(s). )

)

15 )

16 1. Plaintiff resides at:

17 Address

18 City, State & Zip Code

19 Phone

20 2. Defendant is located at:

21 Address

22 City, State & Zip Code

23 3. This action is brought pursuant to Title VII of the Civil Rights Act of 1964 for employ-

24 ment discrimination. Jurisdiction is conferred on this Court by 42 U.S.C. Section 2000e-5.

25 Equitable and other relief is sought under 42 U.S.C. Section 2000e-5(g).

26 4. The acts complained of in this suit concern:

27 a. Failure to employ me.

28 b. Termination of my employment.

Form-Intake 2 (Rev. 4/05) - 1 -

1 c. Failure to promote me.

2 d. Other acts as specified below.

3

4

5

6

7

8

9 5. Defendant's conduct is discriminatory with respect to the following:

10 a. My race or color.

11 b. My religion.

12 c. My sex.

13 d. My national origin.

14 e. Other as specified below.

15

16 6. The basic facts surrounding my claim of discrimination are:

17

18

19

20

21

22

23

24

25 7. The alleged discrimination occurred on or about .

26 (DATE)

27 8. I filed charges with the Federal Equal Employment Opportunity Commission (or the

28 California Department of Fair Employment and Housing) regarding defendant's alleged

Form-Intake 2 (Rev. 4/05) - 2 -

1 discriminatory conduct on or about .

2 (DATE)

3 9. The Equal Employment Opportunity Commission issued a Notice-of-Right-to-Sue letter

4 (copy attached), which was received by me on or about .

5 (DATE)

6 10. Plaintiff hereby demands a jury for all claims for which a jury is permitted:

7 Yes No

8 11. WHEREFORE, plaintiff prays that the Court grant such relief as may be appropriate,

9 including injunctive orders, damages, costs, and attorney fees.

10

11 DATED:

12 SIGNATURE OF PLAINTIFF

13

14 (PLEASE NOTE: NOTARIZATION

15 IS NOT REQUIRED.) PLAINTIFF'S NAME

16 (Printed or Typed)

17

18

19

20

21

22

23

24

25

26

27

28

Form-Intake 2 (Rev. 4/13) - 3 -

1

2

3

4

5

6

7

8 UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

9

)

10 )

)

11 Plaintiff, ) CASE NO.

)

12 vs. ) APPLICATION TO PROCEED

) IN FORMA PAUPERIS

13 )

)

14 Defendant. )

 )

15

16 I, , declare, under penalty of perjury that I am the plaintiff

17 in the above entitled case and that the information I offer throughout this application is true and

18 correct. I offer this application in support of my request to proceed without being required to

19 prepay the full amount of fees, costs or give security. I state that because of my poverty I am

20 unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

21 In support of this application, I provide the following information:

22 1. Are you presently employed? Yes No

23 If your answer is "yes," state both your gross and net salary or wages per month, and give the

24 name and address of your employer:

25 Gross: Net:

26 Employer:

27

28 If the answer is "no," state the date of last employment and the amount of the gross and net salary

Form-Intake 3 (Rev. 4/05) - 1 -

1 and wages per month which you received.

2

3

4

5 2. Have you received, within the past twelve (12) months, any money from any of the

6 following sources:

7 a. Business, Profession or Yes No

8 self employment?

9 b. Income from stocks, bonds, Yes No

10 or royalties?

11 c. Rent payments? Yes No

12 d. Pensions, annuities, or Yes No

13 life insurance payments?

14 e. Federal or State welfare payments, Yes No

15 Social Security or other govern-

16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount

18 received from each.

19

20

21 3. Are you married? Yes No

22 Spouse's Full Name:

23 Spouse's Place of Employment:

24 Spouse's Monthly Salary, Wages or Income:

25 Gross $ Net $

26 4. a. List amount you contribute to your spouse's support:$

27 b. List the persons other than your spouse who are dependent upon you for support

28 and indicate how much you contribute toward their support. (NOTE: For minor

Form-Intake 3 (Rev. 4/05) - 2 -

1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

2

3

4 5. Do you own or are you buying a home? Yes No

5 Estimated Market Value: $ Amount of Mortgage: $

6 6. Do you own an automobile? Yes No

7 Make Year Model

8 Is it financed? Yes No If so, Total due: $

9 Monthly Payment: $

10 7. Do you have a bank account? Yes No (Do not include account numbers.)

11 Name(s) and address(es) of bank:

12

13 Present balance(s): $

14 Do you own any cash? Yes No Amount: $

15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated

16 market value.) Yes No

17

18 8. What are your monthly expenses?

19 Rent: $ Utilities:

20 Food: $ Clothing:

21 Charge Accounts:

22 Name of Account Monthly Payment Total Owed on This Account

23

24

25

$ $

$ $

$ $

26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom

27 they are payable. Do not include account numbers.)

28

Form-Intake 3 (Rev. 4/05) - 3 -

1

2 10. Does the complaint which you are seeking to file raise claims that have been presented in

3 other lawsuits? Yes No

4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in

5 which they were filed.

6

7

8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a

9 false statement herein may result in the dismissal of my claims.

10

11

12 DATE SIGNATURE OF APPLICANT

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

Form-Intake 3 (Rev. 4/13) - 4 -