

Check the box next to the best description of your cause of action. **Choose only one:**

- Prisoner Civil Rights
- Non-Prisoner Civil Rights
- Personal Injury/Tort
- Tax Collection Practices
- Employment Discrimination
- Other (specify) _____

FILED

AUG 31 2011

PATRICK E. DUFFY CLERK
BY _____
Deputy Clerk

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MONTANA**

BILLINGS DIVISION
(You must fill in this blank. See Instruction 6.)

SUSAN F. FISH 2120316

(Full name of Plaintiff and prisoner number, if any)

Plaintiffs,

vs.

JO ACTON, ROBERT PAUL, SUE ORAND,

ANNAMAE DERRICK, MARK HARTMAN,

CHARLOTTE DOLEZAL, MIKE FERRITER,

(Full name of each defendant. Do not use et. al.)

Defendants.

Cause No. CY 11-99-BLL-RFC-CSO
(to be filled in by Clerk of Court)

COMPLAINT

Jury Trial Demanded

Jury Trial Not Demanded

INSTRUCTIONS

1. Use this form to file a civil complaint with the United States District Court for the District of Montana. You may attach additional pages where necessary.
2. Your complaint must include only counts/causes of action and facts – not legal arguments or citations.

Plaintiff's Last Name FISH

Complaint (Revised 5/09)

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3. Your complaint must be typed or legibly handwritten. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). Each plaintiff must sign the complaint (see page 7). The signatures need not be notarized. However, each signature must be an original and not a copy. You must pay the Clerk for copies of your complaint or other court records, even if you are proceeding in forma pauperis. The cost for copies is \$0.50 per page and prepayment is required.
4. The filing fee for a complaint is \$350.00. The filing fee is set by Congress and cannot be changed by the Court. In addition, you will be required to pay the cost of serving the complaint on each of the defendants. If you are unable to prepay the entire filing fee and service costs for this action, you may move to proceed in forma pauperis. ***Your complaint will be returned to you without filing if it is not accompanied by either the full filing fee or a motion to proceed in forma pauperis.*** Please note that prisoners proceeding in forma pauperis are required to pay the full filing fee in installments.
5. Complaints submitted by persons proceeding in forma pauperis and complaints submitted by prisoners suing a governmental entity or employee are reviewed by the Court before the defendants are required to answer. See 28 U.S.C. §§ 1915(e)(2), 1915A(a); 42 U.S.C. § 1997e(c). After the Court completes the review process, you will receive an Order explaining the findings and any further action you may or must take. The review process may take a few months; each case receives the judge's individual attention.
6. Pursuant to Standing Order DWM 27, "no prisoner may maintain more than two (2) civil actions in forma pauperis at one time, unless the prisoner shows that he or she is under imminent danger of serious physical injury."
7. The case caption (page 1 of this form) must indicate the proper Division for filing. A Division where the alleged wrong(s) occurred is a proper Division. When you have completed your complaint, mail the *original* of your complaint and either the full filing fee or your motion to proceed in forma pauperis to the proper Division:

Billings Division: Clerk of U.S. District Court, 316 N. 26th, Room 5405, Billings, MT 59101
(Big Horn, Carbon, Carter, Custer, Dawson, Fallon, Garfield, Golden Valley, McCone, Musselshell, Park, Petroleum, Powder River, Prairie, Richland, Rosebud, Stillwater, Sweetgrass, Treasure, Wheatland, Wibaux or Yellowstone County)

Butte Division: Clerk of U.S. District Court, 400 N. Main St., Federal Bldg. Rm. 303, Butte, MT 59701
(Beaverhead, Deer Lodge, Gallatin, Madison, or Silver Bow County)

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Great Falls Division: Clerk of U.S. District Court, 215 1st Ave. North, P.O. Box 2186, Great Falls, MT 59403
(Blaine, Cascade, Chouteau, Daniels, Fergus, Glacier, Hill, Judith Basin, Liberty, Phillips, Pondera, Roosevelt, Sheridan, Teton, Toole, or Valley County)

Crossroads Correctional Center is located in Toole County

Helena Division: Clerk of U.S. District Court, 901 Front St., Ste 2100, Helena, MT 59626
(Broadwater, Jefferson, Lewis & Clark, Meagher, or Powell County)

Montana State Prison is located in Powell County

Missoula Division: Clerk of the U.S. District Court, 201 E. Broadway, P.O. Box 8537, Missoula, MT 59807
(Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Ravalli, or Sanders County)

COMPLAINT

I. PLACE OF CONFINEMENT

A. Are you incarcerated? Yes No (if No, go to Part II)

B. If yes, where are you currently incarcerated?

MONTANA WOMEN'S PRISON

C. If any of the incidents giving rise to your complaint occurred in a different facility, list that facility:

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

A. Non-Prisoners

1. Does any cause of action alleged in this complaint require you to exhaust administrative remedies before filing in court? Yes No Don't Know

2. If yes, have you exhausted your administrative remedies? Yes No

Plaintiff's Last Name FISH

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B. Prisoners (If you listed other institutions in I.C above, please answer for each institution).

1. Is there a grievance procedure in your current institution? Yes No

2. Did you fully exhaust the administrative grievance process within the jail or prison where the incidents at issue occurred? Yes No

3. If you did not fully exhaust the grievance process, explain why:

III. PARTIES TO CURRENT LAWSUIT

A. Plaintiff SUSAN F FISH is a citizen of MONTANA,
(State)
presently residing at 701 SOUTH 27TH STREET.
(Mailing address or place of confinement)

B. Defendant JO ALTON is a citizen of MONTANA,
(State)
employed as WARDEN at MONTANA WOMEN'S PRISON.
(Position and Title, if any) (Institution/Organization)

Defendant ROBERT PAUL is a citizen of MONTANA,
(State)
employed as DEPUTY WARDEN at MONTANA WOMEN'S PRISON.
(Position and Title, if any) (Institution/Organization)

Defendant SUE ORAND is a citizen of MONTANA,
(State)
employed as DEPUTY WARDEN at MONTANA WOMEN'S PRISON.
(Position and Title, if any) (Institution/Organization)

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX A: PARTIES").

Plaintiff's Last Name FISH

APPENDIX A: PARTIES

DEFENDANT ANNAMAE DERRICK IS A CITIZEN OF MONTANA EMPLOYED AS OPERATIONS MANAGER AT MONTANA WOMEN'S PRISON.

DEFENDANT MARK HARTMAN IS A CITIZEN OF MONTANA EMPLOYED AS LIEUTENANT IN CHARGE OF RIGHT LIVING COMMUNITY AT MONTANA WOMEN'S PRISON.

DEFENDANT CHARLOTTE DOLEZAL IS A CITIZEN OF MONTANA EMPLOYED AS GRIEVANCE COORDINATOR AT MONTANA WOMEN'S PRISON.

DEFENDANT MIKE FERRITER IS A CITIZEN OF MONTANA EMPLOYED AS DIRECTOR OF MONTANA DEPARTMENT OF CORRECTIONS AT THE DEPARTMENT OF CORRECTIONS.

FISH

APPENDIX A: PARTIES

IV. STATEMENT OF CLAIMS

A. Count I (State your cause of action, e.g., how have your constitutional rights been violated):

BEING FORCED TO BE ACTIVE'S INVOLVED IN A THERAPEUTIC / RIGHT LIVING COMMUNITY AT MONTANA WOMEN'S PRISON WHEN MSP SINCE 2007 HAS NOT HAD THE SAME REQUIREMENTS OF THEIR INMATES NOR THE REPERCUSSIONS FOR FAILURE TO BE INVOLVED

Date of incident(s): MARCH 2007 TO PRESENT

1. Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. State the facts clearly in your own words without citing legal arguments, cases, or statutes).

I AM NOT COURT ORDERED TO ATTEND THE THERAPEUTIC / RIGHT LIVING COMMUNITY (TC / RLC). I HAVE BEEN FORCED TO PARTICIPATE FOR THE LAST 4 1/2 YEARS IN THE INSTITUTION WIDE MANDATORY FULL-TIME TC / RLC TREATMENT PROGRAM THAT WARDEN JO ALTON IMPLEMENTED AT MONTANA WOMEN'S PRISON (MWP) MARCH 2007 WITH MIKE FERRITER'S SUPPORT. I HAVE GONE THROUGH 'PHASE-UP'

2. Defendants Involved: (List the name of each defendant involved in this claim and specifically describe what each defendant did or did not do to allegedly cause your injury).

MYSELF - SUSAN FISH - AND THE GENERAL POPULATION OF MONTANA WOMEN'S PRISON

(NOTE: For each additional claim, use a blank sheet labeled "APPENDIX B. STATEMENT OF CLAIMS." You must set forth two paragraphs for each count, one consisting of Supporting Facts (following the directions under IV(A)(1)), and one consisting of Defendants Involved (following the directions under IV(A)(2)).

Plaintiff's Last Name FISH

APPENDIX B: SUPPORTING FACTS

PROCEDURES, RECITING BY ROTE FROM THE TC/RLC HANDBOOK IN FRONT OF THE PHASE UP COMMITTEE THAT NOW CONSISTS OF ONLY LT. HARTMAN, IN ORDER TO HAVE HOBBY, RECREATIONAL AND CANTEEN PRIVILEGES THAT THE MEN AT MONTANA STATE PRISON EARN THROUGH CLASSIFICATION POINTS AND CLEAR CONDUCT, THE GYM EQUIPMENT & HOBBY ROOM ARE THE JURISDICTION OF THE RESIDENT ADVISORY COUNCIL (RAC), PURCHASED AND MAINTAINED BY THE INMATE WELFARE FUND (IWF) THAT MWP HAS PREEMPTED FOR TC/RLC PRIVILEGES. ALL THE MEN AT MSP ARE NOT FORCED TO PARTICIPATE IN TC/RLC; IT IS A VOLUNTARY PROGRAM "FOR WHICH THEY ARE PAID." THE MEN AT MSP DO NOT LOSE PRIVILEGES AND POSSIBLE CLASSIFICATION POINTS FOR NON-COMPLIANCE WITH THE TC/RLC AS WE DO HERE AT MWP. AS TC IS OFFERED IN OTHER STATES; IT IS A SHORT TERM PROGRAM, 6 MONTHS TO ONE YEAR, AND THERE IS USUALLY AN INCENTIVE OF TIME OFF ONE'S SENTENCE FOR SUCCESSFUL COMPLETION OF THE PROGRAM. MY CLASSIFICATION IS MINIMUM RESTRICTED. I HAVE BEEN PROGRAM COMPLETE SINCE DECEMBER 2008.

V. INJURY

Describe the injuries you suffered as a result of each individual defendant's actions. (Do not cite legal arguments, cases, or statutes).

BEING FORCED TO BE INVOLVED IN THE THERAPEUTIC / RIGHT LIVING
COMMUNITY TREATMENT PROGRAM; BE DENIED CERTAIN PRIVILEGES
BY TC/RLC ASSOCIATION, HOBBY, CANTEEN, RECREATION; FIDUCIARLY BY
NOT BEING EQUALLY COMPENSATED AS THAT OF MONTANA STATE
PRISON INMATES; FAILURE TO COMPLY WITH TC/RLC POLICY RESULTS
IN REPERCUSSIONS AGAINST INMATE CASE FILE WHICH ULTIMATLY
CAN ADVERSLY AFFECT PAROLE BOARD DECISIONS; CONTINUED
MODIFICATIONS TO TC/RLC CONTINUALLY STIFLES INMATE PROGRESS
BY SETTING EXCEEDINGLY CONTRADICTORY REQUIREMENTS TO
OBTAIN PHASE CLASSIFICATION; UNDOCUMENTED SANCTION THAT
WOULD PERMIT STAFF ON DUTY TO TAKE ACTIONS THAT WOULD
JEOPARDIZE AN INMATE PHASE CLASSIFICATION.

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX C: INJURY").

VI. REQUEST FOR RELIEF

Describe the relief you request. (Do not cite legal arguments, cases, or statutes).

MODIFICATIONS MADE TO THE TC/RLC POLICY THAT WOULD
BE EQUAL TO THE REQUIREMENTS OF THE MONTANA
STATE PRISON INMATES.

(NOTE: If more space is needed to furnish the above information, continue on a blank sheet labeled "APPENDIX D: REQUEST FOR RELIEF").

Plaintiff's Last Name FISH

VII. PLAINTIFF'S DECLARATION

A. I understand I must keep the Court informed of my current mailing address and my failure to do so may result in dismissal of this Complaint without notice to me.

B. I understand the Federal Rules of Civil Procedure prohibit litigants filing civil complaints from using certain information in documents submitted to the Court. In order to comply with these rules, I understand that:

- social security numbers, taxpayer identification numbers, and financial account numbers must include only the last four digits (e.g. xxx-xx-5271, xx-xxx5271, xxxxxxxx3567);
- birth dates must include the year of birth only (e.g. xx/xx/2001); and
- names of persons under the age of 18 must include initials only (e.g. L.K.).

If my documents (including exhibits) contain any of the above listed information, I understand it is my responsibility to black that information out before sending those documents to the Court.

I understand I am responsible for protecting the privacy of this information.

C. I declare under penalty of perjury that I am the plaintiff in this action, I have read this complaint, and the information I set forth herein is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

D. (Prisoners Only) This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on

30th AUGUST, 20 11.

Executed at MONTANA WOMEN'S PRISON BILLINGS on 17th AUGUST, 20 11.
(Location) (Date)

Susan Fish
Signature of Plaintiff

(If there is more than one Plaintiff, each Plaintiff must sign the complaint using a separate declarations page).

Plaintiff's Last Name FISH