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Che Morting 2 01094748	
Name and Prisoner/Booking Number	- SEP 2 0 2021
1/8 Baritantian	. 021 2 0 2021
Place of Confinement	CLERIALI S. DISTRICT COLIRT
Po Role Sersto	CLERAU S DISTRICT COURT DIFFECT OF ARIZONA BYDEPUTY
Mailing Address	
TUOSON AZ 85784	
City, State, Zip Code	-
(Failure to notify the Court of your change of address may result in	dismissal of this action.)
(a many to be been great or your canage or about the property of	- Land actions
i e	
IN THE UNITED STAT	ES DISTRICT COURT
FOR THE DISTRIC	
1 1	
(be Morting>	
,	
(Full Name of Plaintiff)	·
Plaintiff,	
	CASTRO
v	CASE NO.
" Administration Office of	(To be supplied by the Clerk)
(Full Name of Defendant) 4/ // 8 County	
(Full Name of Defendant) The C.S. Court's	CIVIL RIGHTS COMPLAINT
(2)	BY A PRISONER
,	
(3) $\mathcal{N}\mathcal{A}$	
	Original Complaint
(4),	☐ First Amended Complaint
Defendent(s)	☐ Second Amended Complaint
Defendant(s).	
Check if there are additional Defendants and attach page 1-A listing them.	
A. JURISD	DICTION
1. This Court has jurisdiction over this action pursuant	to:
☐ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983	
28 U.S.C. § 1331; Bivens v. Six Unknown Fe	deral Narcotics Agents, 403 U.S. 388 (1971).
D Other: 5 U.S.C. & 552	
	The state of the
2. Institution/city where violation occurred:/LLC	son AZ/Washington DC
1	

			В. І	DEFENDANTS	140	isc)
				110	11 (10)	
1.	N	ame of first Defendant:	Aminstrative C	11 re, U.S. (outs The first	Defendant is employed
as:		Aministrative of	thee 118 C	ours 8 at	AOUSC	2
		(Position a	nd Title)	1	(1	nstitution)
_			1//	4		
2.	Na	ame of second Defendant	:/\//	<u>/</u> .	The second Defe	ndant is employed as:
as:		(Position a	nd Title)	at	/// <u>/</u>	zeritution)
		(r osidon a	ind Thie)	1.	<i>y</i> (1	isulation)
3.	Na	ame of third Defendantz,	K//	A	. The #hird	Defendant is employed
as:		NIA		at	- KIA	
-	-	(Position a	nd Title)		(1)	nstitution)
				1/14		
4.	Na	ame of fourth Defendant:	<u></u>	<u> </u>	The fourth	Defendant is employed
as: _		(Position a	rd Title)	at		stitution)
		(1 osuton a	ild Tide)		. ب	isatution)
If yo	u na	ame more than four Defendant	s, answer the question	s listed above for eac	h additional Defendan	t on a separate page.
			C. PREV	JOUS LAWSUI	TS	
_		-			—	41
1.	Ha	ave you filed any other lav	wsuits while you w	ere a prisoner?	⊔ Yes	No
_			71. 10	0 - "		
2.	If :	yes, how many lawsuits h	ave you filed?	Describe	e the previous laws	uits:
		Titura tumumita	-11			1.
	a.	First prior lawsuit:	NIA		Λ	<i>[4</i>]
		1. Parties:		v.	4 /V/	7
		 Court and case nu Result: (Was the 		Was it amondad?	To id adill	<u> </u>
		3. Result: (Was the	case dismissed?	was it appeared?	is it still pending	()
						·
	h	Second prior lawsuit:	/.		/1	
	U.	1. Parties:	N/A	v ,	K (1/4	
		2. Court and case nu	mber:	KILA	7 4/6-1	
		3. Result: (Was the		Was it appealed?	Is it still pending	?)
		J. 2100m21 (NA	10 11 0dil poliding	
				7		
	c.	Third prior lawsuit:	1/1		n A	
		1. Parties:	/V//f	v	IV///	
		Court and case nur		NA	/ -	
		3. Result: (Was the	case dismissed?	Was it appealed?	Is it still pending?	')
		.3		NH		

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION

		COUNTI $r = 1/30$ 8.550
1.	St	ate the constitutional or other federal civil right that was violated: 5 6.0.
_		treedom of Information Met
2.		Basic necessities
	h D	efendant did or did not do that violated your rights. State the facts clearly in your own words without egal authority or arguments. That Transcript and Westvial heaving franscript suring that revenue of the state of the stat
in	ace	unatel Transcribal Specific evidence was omitted.
	lof logs last rad rad	On Mely 1, 2021. I mailed a treedom of Tistormation request to the AOUSC requesting the priginal funationed in recordings from the course from microphospes underlying the statest inaccurate baser transcripts—referencing their starts and times. I select the request via certifical mail see by A. No. 7020 disto and 2933, 8057. Under FOTA, the AOUS days to provide patice of processing, to differ I have beined any response non acknowledgement of the request who
4.	Inj	ury. State how you were injured by the actions or inactions of the Defendant(s). I am being definited of intermation (that is Inaterial to fine actions innacence (Canactron and for the integrity of the straig transcript of the proceeding.
_		
5.	Ad a.	ministrative Remedies: Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution?
	b.	Did you submit a request for administrative relief on Count I?
	c.	Did you appeal your request for relief on Count I to the highest level?
	d.	If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.
	, ,	·

1.	COUNT II State the constitutional or other federal civil right that was violated:
2.	Count II. Identify the issue involved. Check only one. State additional issues in separate counts. ☐ Basic necessities ☐ Mail ☐ Access to the court ☐ Medical care ☐ Disciplinary proceedings ☐ Property ☐ Exercise of religion ☐ Retaliation ☐ Excessive force by an officer ☐ Threat to safety ☐ Other:
	Supporting Facts. State as briefly as possible the FACTS supporting Count II. Describe exactly what h Defendant did or did not do that violated your rights. State the facts clearly in your own words without ng legal authority or arguments.
	A/A
4.	Injury. State how you were injured by the actions or inactions of the Defendant(s).
 5.	Administrative Remedies.
	 a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☐ Yes ☐ No b. Did you submit a request for administrative relief on Count II? ☐ Yes ☐ No c. Did you appeal your request for relief on Count II to the highest level? ☐ Yes ☐ No d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not.
	· · · · · · · · · · · · · · · · · · ·

2. Count III. Identify the issue involved. Check only one. State additional iss Basic necessities Mail Access to the court Disciplinary proceedings Property Exercise of religion Excessive force by an officer Threat to safety Other: 3. Supporting Facts. State as briefly as possible the FACTS supporting Count each Defendant did or did not do that violated your rights. State the facts clearly citing legal authority or arguments.	☐ Medical care ☐ Retaliation
each Defendant did or did not do that violated your rights. State the facts clearly citing legal authority or arguments.	TTT TO HE OF T
	in your own words withou
4. Injury. State how you were injured by the actions or inactions of the Defendant	
4. Injury. State how you were injured by the actions or inactions of the Defendant	
4. Injury. State how you were injured by the actions or inactions of the Defendant	
	ut(s).
 5. Administrative Remedies. a. Are there any administrative remedies (grievance procedures or administrative) 	ative appeals) available at
your institution?	☐ Yes ☐ No
b. Did you submit a request for administrative relief on Count III?	☐ Yes ☐ No
c. Did you appeal your request for relief on Count III to the highest level?	☐ Yes ☐ No
d. If you did not submit or appeal a request for administrative relief at any level did not.	a, orietly explain why you
MIA	

If you assent more than three Counts, answer the questions listed above for each additional Count on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:	ing for an immediate
enjoinder requiring defendant	t to produce the requester
audio recordings for Compa	Wen with the paper transcrip
I dealars under paralty of perium, that the foregoing is true	and correct
I declare under penalty of perjury that the foregoing is true Executed on DATE	SIGNATURE OF PLAINTEF
NA	
(Name and title of paralegal, legal assistant, or other person who helped prepare this complaint)	
NA	
(Signature of attorney, if any)	
(Attorney's address & telephone number)	

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space, you may attach no more than fifteen additional pages. But the form must be completely filled in to the extent applicable. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages.