IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA

(You must fill in this blank. See Instruction H)

DEC 19 2018

Clerk, U.S. Courts District of Montana Missoula Division

Jesse Lee Sackett		
(Write the full name of the plaintiff who is filing this	Case No.	
complaint and prisoner number, if any.)	(to be filled in by the Clerk's Office)	
Plaintiff,		
	COMPLAINT	
-against-	(Pro Se Prisoner)	
A see alloched"		

(Write the full name(s) 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. The names listed in the above caption must be identical to those contained in Section IV. Do not include addresses here and do not use et al.)

Defendants.

Jury Trial Demanded: ☐ Yes ☐ No (check one)

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*.

Prisoner Complaint Form	00/1
Plaintiff's Last Name	Sackett

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Defendants) J.J. ME Dermott, Shirff 2) Planned Parent hood (and unknown names of numes (provider) 3) Montana Dept. of Corrections 4) Kick Day 5) Missoula County Detention Jacility

INSTRUCTIONS

- 1. Use this form to file a civil complaint with the United States District Court for the District of Montana. Include only counts/causes of action and facts not legal arguments or citations. You may attach additional pages where necessary. Your complaint must be typed or legibly handwritten in ink and on white paper. Write on only one side of the paper. Do not use highlighters and do not staple or otherwise bind your papers. All pleadings and other papers submitted for filing must be on 8 ½" x 11" paper (letter size). You must sign the complaint (see page 8). Your signature need not be notarized but it must be an original and not a copy. The Clerk's Office cannot provide you copies of documents in your file without prepayment of \$0.10 per page (for documents electronically available) or \$0.50 (for documents not electronically available). Please keep a copy of the documents you send to the Court.
- 2. The filing fee for a complaint is \$350.00 plus a \$50.00 administrative fee for a total of \$400.00. This amount is set by Congress and cannot be changed by the Court. If you pay the filing fee, you will be responsible for serving the complaint on each defendant and any costs associated with such service.
- 3. If you are unable to prepay the entire filing fee and service costs for this action, you may file a motion to proceed in forma pauperis. If you are a prisoner and your motion to proceed in forma pauperis is granted, the Court will assess an initial partial filing fee equal to 20% of the average monthly deposits to your prison account for the six months immediately preceding the filing of the action, or 20% of the average monthly balance in your prison account for the same six-month period, whichever is greater. Thereafter, the balance of the \$350.00 filing fee will be collected in installments equal to 20% of your preceding month's income any time the amount in your account exceeds \$10.00. The \$50.00 administrative fee does not apply to persons granted *in forma pauperis* status. You will be required to continue making these payments even if you complaint is dismissed.
- 4. Complaints submitted by persons proceeding in forma pauperis and complaints submitted by prisoners suing a governmental entity or employee must be 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). The Court will dismiss your complaint before it is served on the defendants if: (1) your allegation of poverty is untrue; (2) the action is frivolous or malicious; (3) your complaint does not state a claim upon which relief may be granted; or (4) you sue a defendant for money damages and that defendant is immune from liability for money damages. 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.

Prisoner Complaint Form	0 , //
Plaintiff's Last Name	dackett

Plaintiffs should not serve defendants, pursue discovery, or request entry of default judgment prior to the completion of this review process.

- 5. Prisoners who have had three or more cases dismissed as frivolous, malicious, or failing to state a claim upon which relief may be granted (strikes) will not be permitted to file any further civil actions without prepaying the filing fee unless they are in imminent danger of serious harm. See 28 U.S.C. § 1915(g).
- Prisoners may not maintain more than two 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. The proper Division is where the alleged wrong(s) occurred. 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: Big Horn, Carbon, Carter, Custer, Dawson, Fallon, Garfield, Golden

Valley, McCone, Musselshell, Park, Petroleum, Powder River, Prairie, Richland, Rosebud, Stillwater, Sweetgrass, Treasure, Wheatland, Wibaux,

and Yellowstone Counties

U.S. District Court Clerk, 2601 2nd Avenue North, Suite 1200, Billings, MT 59101

Butte Division: Beaverhead, Deer Lodge, Gallatin, Madison, and Silver Bow Counties

U.S. District Court Clerk, 400 N. Main, Butte, MT 59701

Great Falls Division: Blaine, Cascade, Chouteau, Daniels, Fergus, Glacier, Hill, Judith Basin,

Liberty, Phillips, Pondera, Roosevelt, Sheridan, Teton, Toole, and Valley Counties (Crossroads Correctional Center is located in Toole County

and all claims arising at CCC should be filed in Great Falls)

U.S. District Court Clerk, 125 Central Ave. West, Great Falls, MT 59404

Helena Division: Broadwater, Jefferson, Lewis & Clark, Meagher, and Powell Counties

(Montana State Prison is located in Powell County and all claims

arising at MSP should be filed in Helena)

U.S. District Court Clerk, 901 Front St., Ste 2100, Helena, MT 59626

Missoula Division: Flathead, Granite, Lake, Lincoln, Mineral, Missoula, Ravalli, and Sanders

Counties

U.S. District Court Clerk, P.O. Box 8537, Missoula, MT 59807

Prisoner Complaint F	orm o	
Plaintiff's Last Name	Sackett	

Α.	Plaintiff
177	Name: Jesse Lee Sackett
	All other names by which you have been known:
	George Giller, Richard Tissot
	Mike McNaux, Ken Poss, DON Sch.
	ID Number: 093829
	Current Institution: missoula Co. Detention Cente
	Address: 2340 Mullan Rd.
	MMOUR, MT 59808
Indicate w	hether 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)
В.	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.
Defe	ndant No. 1:
	Name: J.A. M. Dermott
	Job or Title: Sheriff
	Employer: Missoula County
	Address: 200 W. Broadway
	Mala 111+ 59802
	- /omi
	□ Individual capacity □ Official capacity
	□ Individual capacity □ Official capacity

	me:	Planned	Parenthood (and unk	enown
Job	or Title:	mederal	proveder, contra	20
Em	nployer:	County	of Mossoula	ř
Ad	ldress:		V	
	□ Indiv	vidual capacity	☐ Official capacity	
Defendant	No. 3:			
Na	ime:	Montana 1	Dest. of Correction	in
Job	э-өr Title:	"Corr	ections"	
Em	nployer:	State .	1 Montaina	
Ad	ldress:	Last Vi	Chance Gulch	
		Helong	MT 59601	
	□ Indiv	vidual capacity	□ Official capacity	
Defendant	No. 4:			
Na	me:	Rick De	ay	
Job	o or Title:	(Director)	Toplay Constians	
Em	nployer:	Dept. of	Corrections	
Ad	ldress:	Last Co	rance Gulch	
		Helena	MT 59601	
	□ Indiv	vidual capacity	☑ Official capacity	
NOTE: If mor	re space is n	needed to furnish the abov labeled "APPENDIX A:	ve information, continue on a blank sheet PARTIES").	
	Jurisdiction		claim, if known. This form is designed	
			constitutionality of their conditions of	
			inder 42 U.S.C. § 1983 (against state,	
county, or	municipal o	defendants) or in a "Biver	ns" action (against federal defendants).	
	42 U.S	.C. § 1983 (state, county,	, or municipal defendants)	
		under <i>Bivens v. Six Unkr</i> 971) (federal defendants)	nown Federal Narcotics Agents, 403 U.S.	

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II.

Prisoner Complaint Form

Plaintiff's Last Name Sackett

III. Statement of Claim(s)

Prisoner Complaint Form

Plaintiff's Last Name Sacket (

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.	
A. Count I:	
1. What federal constitutional or statutory right(s) do you claim is/are being	
violated by defendants? 8th Amendment right to be	
free from cruel and unicescal	
Prinishment be influence. Heaves treatment denud.	
2. What date and approximate time did the events giving rise to your claim(s)	
occur? 28 July 1996-15 July 1997- Ongoing Through this period, 20 Oct 2018-17 December 2018-	
this periodize Octro18-17 Decelo Ger 2018-	
Minnerous dates, See Exhibits.	
3. Supporting Facts: (Include all facts you consider important, including	
names of persons involved, places, and dates. Describe what happened	
without citing legal arguments, cases, or statutes). 1996-97-Because documents were confiscated dates	
are unavailable, except forthe Court to order petitioners	0
are unavailable, except forthe prove parts from: Dickens	4
medical proson records to prove facts from Dickens	
Medical Preson records to prove facts from the four Medical Preson records to prove facts from the four Co. Correctional Center Spur, TX. Afternot being protected four attempts on my life, assault caused swere spinal and attempts on my life, assault caused swere spinal and in new damage; THEN setitioned victim) was sut in the "hole; nerved damage; THEN setitioned victim) was sut in the "hole; severe pain-Cruland immedial tomationent with me severe pain-Cruland immedial tomation to the since 20 Oct 2016	/
attempts on my then setitioned viction was put mith me.	_
nervedances or weland unised toward the	0.
Severe pain-Cruland immissactured 20 Oct 2016 dical case refused, as it is corrently since 20 Oct 2016	
4. 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).	
In 1996 montana Dest of Corrections Director Rick	
muy livery full	
transport setitioner to Dienen Citionies was	
in Center in Spur, Tx. knowing petitioner was 1997 Center in Spur, Tx. knowing petitioner was a target for assaults, as previous by shown by assaults at m. S. P. (please see attached p.62	
a taget for assaults, as prevente	-
by refaults at m. S. P. (please see allached p. bl	1,(
Grand Control of the)
(NOTE: For each additional claim, use a blank sheet labeled "APPENDIX B. STATEMENT	/
OF CLAIMS." You must address paragraphs III(A)(1-4) for each count., following the	
directions under paragraph III.	

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III Statement of Claims - contel. 4. Petitioner was a Montana State Prison inmate every in tepas at that time; therefore the Do C was fully responsible for protecting petitioner from cottempts on his life, which obviously diedn't occur, as he was assaulted 3 times, severely injured, denied medica (treatment; then put in the hole for months, which further subjected him to additional cricel and unusual punishment! (Exhibits are on Jile with the Court with Cause No. CV-18-197-M-DLC-JCL, and further numerous requests and greevances will be provided when the Court requests them,). Seeing that the med supervisor refuses (ignores) requests for staffs names, They ar unavailable, There are more Than 30 requests and quevances too many to attempt to last, but treatment is denied, Statements on med requests include, but are not limeted to scheduled josprowider, in

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I Statement of Claims - contd. 4. which petitioner never sand provider for more than 30 days! Also, Records not arrived or Records still coming in stall the process freeing a provider. Weither of the aformentioned comments advers setitioner's request for serious about 15 medecal usues. The Sheriff is reponsible for the jail, who made the contract with provider: Planned Parentheed. Petitioner's subjected to could and unusual punishment by some trice Geing in severepain, which is also Wistreat ment of a prisoner (45.5-204, M.C.A.). In grievance, provider denies being in violation of H. I. P. A. A., by correction of ficers daily astrong questions about medical essess, daily handle. ing my inhales + medical veguesto, and being present during exams, which is a security issue supposedly, Musquela ounty Detention Jacility is directly vesponsible.

III Statement of Claims contol. 4. Although petitioner suffers from cancer in 4 areas plus more than 12 other medical issues, NOT ONCE has contracted medical personnel Planned Pavent had sent him to oncology or even scheduled any visits for his terminal cancer and several other necessary specialists for said illnesses. Even getting a simple Cortigone injection or necessary diet is flatly refused! See: Exhibit D-7. Although petitioner has 5 constees, contract dentist refuses to do Julingsin defiance of the Hippocratic Oats; only of tracts teeth, which unit dental hygeme. Heaving aids are also refused, + eye glasses not provided... but personal glasses were confiscated! Specific dates from the Typas incertents are only available of the Court ORDERS records, as Montain State Prison destroyed them, and too

many exist for M.C. D. F. but are listed on exhibits.

IV.	Injuries	and the same to trade and
	If you sustained injuries related to the events alleged above, d	
	state what medical treatment, if any, you required and did or of legal arguments, cases, or statutes). Attach additional pages	frandad
1901	2 ' To a constitute of a affiliation	ing severe spera
1796	ry and neswedamage, as conclusion	Gu M.R.I. Taken at
regu	ry and reflecting the fock. The	no further treat.
Unive	- sity Medical Center of needed,	
ment	medical Center Jublock, Tx., mity Medical Center Jublock, Tx., salthough surgery was needed, although surgeries; only severe pain DTE: If more space is needed to furnish the above information, labeled "APPENDIX C: INJURY").	from cancers.
(NO	OTF: If more space is needed to furnish the above information	continue on a blank sheet
(110	labeled "APPENDIX C: INJURY").	
	model minding in the state of	
V.	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 t	
	damages and/or punitive damages claimed for the acts alleged	
		-
1) Be	cause RickDay and the Dept of Correcce	G in Ix and 3 assault
peti	these claims. cause Rick Day and the Dept of Corrected iner where attempt on his life were made red petitioner requestition Court to aux	and him \$1.7 milleon f
mile	of damages \$9.890,000 for illegal imprisonment	for 22 years (since 1996
\$5 m	illion in punitive damages to go to crime vi	ctims 2) Planned Pare
mecic	al damages: \$9,890,000 for illegal imprisonment villion in princitive damages to go to crime vim d Missoula Co. Det. Facility should pay \$ 700,000 ted for severe pain from colone ancer, \$250,0	06 in prinitive damages
(NC	OTE: If more space is needed to furnish the above information,	continue on a blank sheet
	labeled "APPENDIX D: REQUEST FOR REL	IEF"). conta.
VI.	Exhaustion of Administrative Remedies Administrative P	rocedures
	The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 199	97e(a), requires that "[n]o
	action shall be brought with respect to prison conditions unde	
	or any other Federal law, by a prisoner confined in any jail, pr	
	facility until such administrative remedies as are available are	
	Administrative remedies are also known as grievance procedu	
	dismissed if you have not exhausted your administrative reme	edies.
	A. Did your claim(s) arise while you were confined in a j	ail, prison, or other
	correctional facility?	
TC	Yes No	5 1 1 1 1 1 1 1 1 1 1
If yes,	name the jail, prison, or other correctional facility where you wants sixty a sixty and the same all in (2)	were confined at the time of
tne ev	rents giving rise to your claim(s). Decleric Confectional facility where you were giving rise to your claim(s). Decleric Confectional facility where you were giving rise to your claim(s).	iter /
	2) Missouria County De	
	B. Does the jail, prison, or other correctional facility whe	ere vour claim(s) arose have
Drigo	ner Complaint Form	(Revised June 2018)
	tiff's Last Name Sackett	Page 7 of 9
	VV	- 0

P.7-B Case 9:18-cv-00202-DLC-JCL Document 2 Filed 12/19/18 Page 13 of 15 Appendix D: Request for Relief" to goto come vections. Money going & crime Victimos shall be distributed by this Court; not state or county dermination of custody and termination of sentence are also requested, Vas sentence actually expired on 10ct 2017.

	1)	a grievance procedure? ☐ Yes ☐ No ☐ Do not know 2) yes		
	C.	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 yes; several		
	D.	If you did file a grievance answer the following questions: 1. Where did you file the grievance? a) Dickers Co. Correctional Center Sgt. Woodwar b) missoula Co. Detention facility Sherif		
		2. What did you claim in your grievance? a) Denial of Medical freatment, Jailure to Protect petitiones knowing assaults were invinent, a		
		3. What was the result, if any? a) Denied - every one b) Denied - every one c) Denied - every one		
		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.) Level Complete Sheriff Custodian in Movember, but received no reply.		
	E.	If you did not file a grievance, answer the following questions: 1. If there are any reasons why you did not file a grievance, state them here:		
		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: 1) Sgt. woodward (TK) was adviced, + told me to take it to court.		
	F.	Please set forth any additional information that is relevant to the exhaustion of		
your administrative remedies.) Letters were sent to Rick Civil Day and the ACLU (Billings), as well as the Da J Civil Rights. ACLU, winted me in TX. (NOTE: You may attach as exhibits to this complaint any documents related to the exhaustion of				
(NOT	E: You	may attach as exhibits to this complaint any documents related to the exhaustion of		
your administrative remedies.)				
		plaint Form Sacket (Revised June 2018) St Name Page 8 of 9		

VII. Plaintiff's Declaration

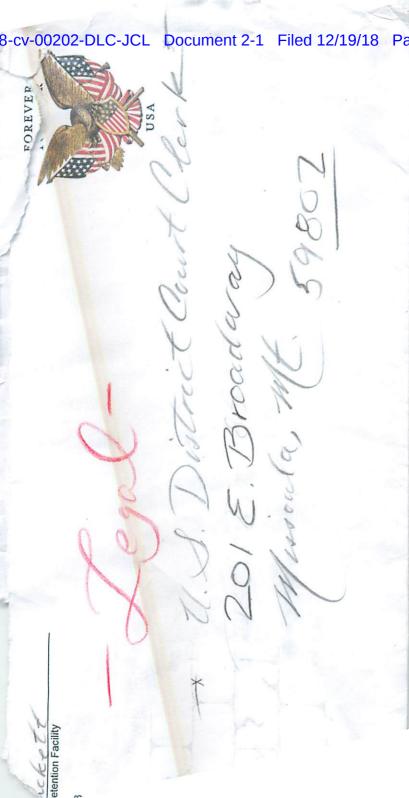
- A. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported 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.
- B. 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.
- C. I understand the Federal Rules of Civil Procedure <u>prohibit</u> 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.

- D. I understand the submission of a false statement or answer to any question in this complaint may subject me to penalties for perjury. 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.
- E. This Complaint was deposited in the prison system for legal mail, postage prepaid or paid by the prison, on

or paid by the prison, on		
Executed at Minoula, mt. on		Lev. 2018.
(Location)	(Date)	, = ,
Signature of Plaintiff: 1055	E Lee Sacket	6
Prison Identification #: 09 383	29	
Prison Address: 2340 Mul	lan Rd.	
Missoula	MT	59808
City	State	Zip Code
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