RECEIVED
FEB 11 2020
Clerk, U.S. Courts
District of Montana
Missoula Division

UNITED STATES DISTRICT COURT

for the

District of Montana

Missoula Division

Case No. _____

(to be filled in by the Clerk's Office)

Lloyd Mortier Barnes

Plaintiff(s)

(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.)

-v-

Gov. Steve Bullock; State of Montana; Kyle Fouts - Montana State Hospital Administrator; Dr. Virginia Hill; Dr. Tim Casey

Defendant(s)

(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)

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: Lloyd Mortier Barrus
All other names by which you have been known: X Chip Bullock X
ID Number: 63607
Current Institution: Montana State Hospital- Galen
Address: P.O. Box 300
~~Galen~~ Warm Springs MT 59756
City State Zip Code

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: Governor Steve Bullock
Job or Title *(if known)*: Governor
Shield Number:
Employer: State of MT
Address: Helena, MT 59601
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 2
Name: People of the State of MT
Job or Title *(if known)*:
Shield Number:
Employer:
Address: Montana, USA
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 3

Name: Kyle Fouts

Job or Title *(if known)*: Montana State Hospital Director

Shield Number

Employer: State of Montana

Address: Box 300
Warm Springs MT 59756
City *State* *Zip Code*

☒ Individual capacity ☒ Official capacity

Defendant No. 4 { Def No. 5

Name: Drs. Virginia Hill & Tim Casey

Job or Title *(if known)*: Staff Forensic Psychiatrist Staff Psychologist

Shield Number

Employer: State of MT

Address: Box 300
Warm Springs MT 59756
City *State* *Zip Code*

☒ 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) Art. III, sec 2; (5) Am. I; (9) Am. VI
(2) Art. IV, sec 2; (6) Am II; (10) Am. VII
(3) Art. IV, sec 4; (7) Am. IV (11) Am. VIII
(4) Art. VI (8) Am. V (12) Am. IVX

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?

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. Each Defendant acted under color of laws of Montana, titles 46 and 52 and the administrative rules of MT, which resulted in my unlawful confinement absent a grand jury indictment and my unlawful commitment to the Montana State Hospital and court-order for forced medication all the while denying me my right to a speedy trial at the risk of my death or permanent harm or disfigurement.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows *(check all that apply)*:

- [X] Pretrial detainee
- [X] 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.

(1) Missoula County, May 16, 2017 - Missoula County Jail

(2) Gallatin County, Thanksgiving, 2016 - Montana State Hospital, Galen.

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

November 23, 2016 and May 16, 2017, before Sunrise.

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?)*

① Gallatin County law enforcement arrested my Son, Marshall Ladd Barrus, on Thanksgiving 2016 with no probable cause and no real evidence causing me to travel there in May, 2017 to assist him in securing employment. On May 16, 2017, law enforcement killed my son and arrested me and captivated me without grand jury indictment. I have been threatened with the death penalty, with forced medication and have been denied a speedy trial.

V. Injuries

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.

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. $11,000,000.00

① Appoint counsel to assist me;
② Stop the State of Montana from forcibly medicating me;
③ prevent imminent danger of death or serious physical injury;
④ Release me from Captivity;
⑤ Repair my damaged vehicle;
⑥ Pay me damages (vehicle), lost wages, time lost in captivity, pain and suffering and wrongful death for the loss of my Son, Marshall Ladd Barrus, in the amount of $11,000,000.00

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.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

- [x] Yes
- [x] 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).

Missoula County Jail
Montana State Hospital - Warm.

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

- [x] 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
- [x] No
- [ ] Do not know

If yes, which claim(s)?

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?

N.A.

2. What did you claim in your grievance?

N.A.

3. What was the result, if any?

N.A.

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.)*

N.A.

F. If you did not file a grievance:

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

(1) Msla County - improper forum

(2) MSH. - Improper since they were under Court order (CDC - 2017-15) to force medicate - which we appealed to MSC (OP-19-0285).

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:

I've told Dr. Hill repeatedly and appealed to the MSC, (OP- 19-0285), from District Court (CDC- 2017-15)

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

(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 yes, 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?)*

   _____

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)*

   _____

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?)*

   _____

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: 2-11-2020

Signature of Plaintiff Lloyd Mortier Barrus

Printed Name of Plaintiff Lloyd Mortier Barrus

Prison Identification # 63607

Prison Address Box 300

Warm Springs, MT 59756

City *State* *Zip Code*

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

_____ _____ _____

City *State* *Zip Code*

Telephone Number _____

E-mail Address _____