UNITED STATES DISTRICT COURT

Northern District of Ottio Eastery Division (to be filled in by the Clerk's Office) Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. Jury Trial: (check one) 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.) "See attac MAG. JUDGE BAUG 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

(Non-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.

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DEFENDANT LIST

Cuyahoga County Ohio

City of Strongsville Ohio

Joy A Peric

Anna M Parise, esq

City of Strongsville Prosecutor office, George Lonjack Prosecutor

Provide the information below for each plaintiff named in the complaint. Attach additional pages if

I. The Parties to This Complaint

A. The Plaintiff(s)

needed.

B.

Name Address

	North Royalton Off 49133
County Telephone Number E-Mail Address	Chychoga Chychoga Godscro@Yapao.com
The Defendant(s)	
individual, a government agency, an include the person's job or title (if ki	ach defendant named in the complaint, whether the defendant is an organization, or a corporation. For an individual defendant, nown) and check whether you are bringing this complaint against official capacity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	City of Strongsville of
Job or Title (if known)	
Address	16099 Foltz Park Way Strongsville OH 94149 State Zip Code
County	Cumhaga
Telephone Number	440 J 589 3145
E-Mail Address (if known)	strongsville lawled Strongsville org
	☐ Individual capacity
Defendant No. 2	
Name	George Loniack
Job or Title (if known)	Prosplator For City of Strongsville
Address	16099 FOITZ PARKWOW
	Strongsville DH J 44/49 State Zip Code
County	CH MONDOCA
Telephone Number	1440 580 3145
E-Mail Address (if known)	
	☐ Individual capacity
	·

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

Defendant No. 3	1 M A =
Name	Anna III farise, esq
Job or Title (if known)	Attorney - Partner of Dworken & Hern
Address	English DH 44077
County	Lajet Zip Code
Telephone Number E-Mail Address (if known)	9fariseld dworkenlaw.com
	☐ Individual capacity Official capacity
Defendant No. 4	T A face
Name	Joy A Peric
Job or Title (if known)	
Address	4148 Madison Ave
	Willoughpy OH 44094 (Gity 1 State Zip Code
County	lake
Telephone Number	440 655 4418
E-Mail Address (if known)	1049 Buckley A 49 hob. Com
	Individual 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?

42USC \$ 1985, 1986; 18 USC \$ 643/emolyments Violations

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?

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Defendant #5

Luyahoga Connty OHio
1200 ontario St

Cleveland, OH 44113
216 443 7800

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.

Does the Court wish For oral argument or a brief?

III. 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. Where did the events giving rise to your claim(s) occur?

Berea Municipal Court

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

September 29th 2017

C. 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?)

Prosecutor failed to produce the Contract therefore Lacks Standing to pursue prosecution against Ante Peric Marbury V. Madison, 5 US 137 (1803)

IV. 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.

Pending incarceration of Libelous entries into my public Record File which Negatively affects my ability to work.

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 the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I want this case Terminated and my name Cleared.

VI. 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:	
	Signature of Plaintiff Printed Name of Plaintiff	Ante Peric
B.	For Attorneys	
	Date of signing:	
	Signature of Attorney Printed Name of Attorney	Milli M
	Bar Number	
	Name of Law Firm	
	Address	5200 Royalton Rd unit #3
		North Royalton OH 94133
	Telephone Number	216, 533 339/
	E-mail Address	GODSCYOP) Gahoo. Com