SOMY PRO SE OF 168

United States District Court -8 4811: 18 Southern District of New York

DORA BROWN	_
Write the full name of each plaintiff.	(Include case number if one has been assigned)
-against-	COMPLAINT
AUTOMATTIC	Do you want a jury trial?
WORDPRESS.GM	V2 Yes \[\subseteq \text{No}
BLUEHOST	_
TWITTER	
Write the full name of each defendant. If you need more	
space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of	
names. The names listed above must be identical to those	

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *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. See Federal Rule of Civil Procedure 5.2.

contained in Section II.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?
Federal Question
Diversity of Citizenship
A. If you checked Federal Question
Which of your federal constitutional or federal statutory rights have been violated?
FRAUD
B. If you checked Diversity of Citizenship 1. Citizenship of the parties
Of what State is each party a citizen?
The plaintiff, Dork Brown, is a citizen of the State of (Plaintiff's name)
NEW YORK
(State in which the person resides and intends to remain.)
or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of
If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is	an individual:
The defendant,	, is a citizen of the State of (Defendant's name)
	(Defendant's name)
or, if not lawfully subject of the for	admitted for permanent residence in the United States, a citizen or eign state of
If the defendant is	
The defendant,	LUTOMATTIC , is incorporated under the laws of
the State of	CALIFORNIA
and has its princ	ipal place of business in the State of
or is incorporate	d under the laws of (foreign state)
and has its princ	ipal place of business inCALI FORNIA
If more than one o	defendant is named in the complaint, attach additional pages providing such additional defendant.
II. PARTIES	
A. Plaintiff Info	ormation
Provide the follow pages if needed.	ing information for each plaintiff named in the complaint. Attach additional
DORA	I BROWN
First Name	Middle Initial Last Name
Street Address	28 GREET # 236
NG14	ORIG NEW YORK 10016
County, City	State Zip Code
_	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1:	N.	UTO MATTIC IM	<i>U</i>
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		ress (or other address where de	
	Son France		ALLAD
	County, City	State	Zip Code
Defendant 2:	Worza	ofress an	
	First Name	Last Name	
	Sw	temo Sprang	
	Current Job Title (or other identifying information)	
		Study #343	
	Current Work Add	ress (or other address where de	fendant may be served)
	San France	are Calyonn	44 NO
	County, City	State	Zip Code
Defendant 3:	BLUE		
	First Name	last Name	_
	Endur	arras Intendend	Group
	Current Job Title (or other identifying information	
	10 Corpu	rates Drive	
	Current Work Add	iress (or other address where de	fendant may be served)
	Burlington	Ma	01803
	County, City	State	Zip Code

Defendant 4:

	i ii se Maine	Lust	wattie .		
	Current Job Title (or o	other identifyin	g information)		-
	249 HESK	17 th Street			
	Current Work Addres			ant may be served)	=
	New York		New York	10011	_
	County, City ^v		State	Zip Code	
HI. STATEME	NT OF CLAIM				
Place(s) of occurr	rence: Reside	ENCE 1	4 EAST 2	89, #236 NY	1001P
Date(s) of occurre	ence: MANZEN ZE	019 carl	ar Sept.	2018	-
FACTS:					
	at each defendant pers	•	-	pened, how you were armed you. Attach	
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INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

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IV. RELIEF

State briefly what money damages or other relief you want the court to order.

My WORSGITE PENTO purchy and the subdomain plus
liverspurfdway trump book been compromed so made need extensive
repair since the is my magnes opus my lycis with, my mislipule
went the court to order thank to pay as much as is allowable
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V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change 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 Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. 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.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to

proceed without prepayme	nt of fees, each plainti	ff must also submit a	an IFP application.
1/8/2019		_ XX	λ
Dated	 -	Plaintiff\s Signa	ture
DORK	I	BROWN	<u>. </u>
First Name	Middle Initial	Last Name	
14 FM 28	GIREET #	236	
Street Address		V (
NEW YORK	Ne	N YORK	10016
County, City	St	ate	Zip Code
(646) 629-8	3002	or brown	a comoul Gon
Telephone Number		Email Address (if available)

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes

No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.