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SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

2020 NOV 26 PM 12:47

JEAN AZOR

Write the full name of each plaintiff.

No. 20 CV 3650  
(To be filled out by Clerk's Office)

-against-

**COMPLAINT**  
(Prisoner)

CITY OF NEW YORK, PRE-  
SENT COMMISSIONER, QUE-  
ENS COUNTY SUPREME COURT  
/MANHATTAN SUPREME COURT

Do you want a jury trial?

☐ Yes ☒ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, 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 contained in Section IV.

**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.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

JEAN W. AZOR  
First Name Middle Initial Last Name

NA  
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

07315251M  
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

1500 HAZEN STREET  
Current Place of Detention

NORTH INFIRMARY COMMAND  
Institutional Address

BRONX, EAST ELMHURST, NEW YORK 11370  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☐ Convicted and sentenced prisoner  
☐ Other: \_\_\_\_\_

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. 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 identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

CYNTHIA BRANN  
 First Name Last Name Shield #  
COMMISSIONER OF N.Y.C., D.O.C.  
 Current Job Title (or other identifying information)  
75-20 ASTORIA BOULEVARD  
 Current Work Address  
BRONX, EAST ELMHURST, NEW YORK 11370  
 County, City State Zip Code

Defendant 2:

SUPREME COURT  
 First Name Last Name Shield #  
CLERK OF COURT  
 Current Job Title (or other identifying information)  
125-01 QUEENS BOULEVARD  
 Current Work Address  
QUEENS, Kew Gardens, N.Y. 11415  
 County, City State Zip Code

Defendant 3:

SUPREME COURT  
 First Name Last Name Shield #  
CLERK OF COURT  
 Current Job Title (or other identifying information)  
100 CENTRE STREET  
 Current Work Address  
N.Y., NEW YORK, NEW YORK 10013  
 County, City State Zip Code

Defendant 4:

\_\_\_\_\_  
 First Name Last Name Shield #  
 \_\_\_\_\_  
 Current Job Title (or other identifying information)  
 \_\_\_\_\_  
 Current Work Address  
 \_\_\_\_\_  
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: D.O.C. Custody

Date(s) of occurrence: FEBRUARY 7, AND FEB. 18, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON FEBRUARY 7, 2020 I FILED LEGAL NOTICE! NAME DECLARATION, CORRECTION PROCLAMATION AND PUBLICATION, AND WAS AUTHENTICATED BY STATE OF NEW YORK COUNTY OF NASSAU, COUNTY CLERK'S OFFICE ON THE 18<sup>th</sup> OF FEBRUARY, 2020. SINCE THEN I HAVE FILED COPIES TO ALL COURTS AND AGENCIES IN REGARDS TO RECOGNITIONS OF MY NAME DECLARATION ALL TO NO AVAIL.

I'VE ALSO FILED 311 COMPLAINT IN REGARDS TO THIS MATTER, SEE COMPLAINT CONFIRMATION # (EC - 002 051 38), AND SEVERAL GRIEVANCES ALL TO NO AVAIL.

**INJURIES:**

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

EMOTIONAL AND MENTAL DISTRESS, DUE TO VIOLATION OF MY RIGHTS TO FREEDOM OF RELIGION, AND IN PURSUANCE OF RESOLUTION 75 WHICH PROVIDES, IN ITS TITLE "MOORISH AMERICAN IN THE USE OF THEIR NAMES."

**VI. RELIEF**

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

FOR MY NAME CORRECTION TO REFLECT ALL DOCUMENTS BEARING THE NAME JEAN AZOR TO BE IDENTIFIED WITH THE APPELLATION OF JEAN AZOR-EL, AND TO BE FULLY RECOGNIZED BY ALL DEFENDANTS. AND WHATEVER MONETARY DAMAGES THAT THE COURT MAY DEEM JUST AND PROPER.

**VII. 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 understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my 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 prepayment of fees, each plaintiff must also submit an IFP application.

NOVEMBER 12, 2020  
 Dated JEAN W. AZOR T.D.C. - El  
 First Name Middle Initial Last Name Plaintiff's Signature  
1500 HAZEN STREET  
 Prison Address  
BROOK, EAST ELMHURST, NEW YORK 11370  
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 11-13-2020

# VERIFICATION

STATE OF NEW YORK)  
COUNTY OF BROOX )<sup>SS:</sup>

I, JEAN AZOR-EL, BEING duly sworn,  
deposes and say: That deponent is the PETITIONER  
in the within/attached proceeding; that depon-  
ent has read the foregoing petition/complaint &  
KNOWS THE CONTENTS THEREOF; that the same is true  
to deponent's own knowledge except as to matters  
therein stated to be ALLEGED ON INFORMATION AND BE-  
LIEF; AND AS TO THOSE MATTERS deponent believes them  
to be TRUE.

JEAN AZOR-EL T.D.C.  
PETITIONER

Sworn to before me this  
12<sup>th</sup> day of November, 2020.

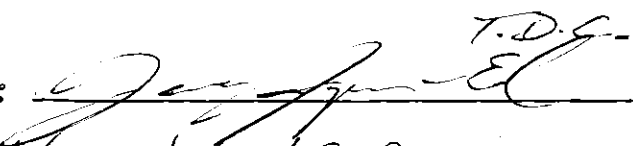
[Signature]  
NOTARY OF PUBLIC  
COMMISSIONER OF DEEDS

OKON JAKPAN  
Notary Public, State of New York  
No. 01AK6161518  
Qualified in Nassau County  
Commission Expires February 28, 2023

## ADDENDUM

ENCLOSED PLEASE FIND A COPY OF MY PRESENT PETITION FOR MY NAME CORRECTION DECLARATION PROCLAMATION AND PUBLICATION.

PLEASE ADD TO MY ALREADY FILED PENDING PETITION DOCKET # 20-CIV-3650 (KPF), THAT'S ON FILE IN THIS COURT.

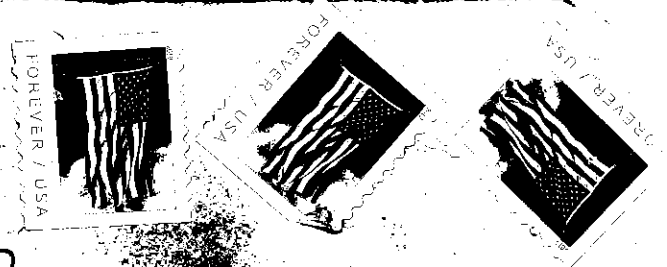
PETITIONER SIGNATURE:  T.D.G.

DATE: NOVEMBER 12, 2020

TO: UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
ATTN: CLERK OF COURT, RUBY J. KRAJICK  
500 PEARL STREET  
NEW YORK, NEW YORK 10007



JEAN AZOR-EL  
UP: NORTH INFIRMARY COMMAND  
(B/C# 4411905123)  
1500 HAZEN STREET  
EAST ELMHURST, N.Y. (11370)



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UNITED STATES DISTRICT CT.  
SOUTHERN DISTRICT OF NEW YORK

Attn: Ruby  
CLERK OF COURT  
500 WALL STREET  
NEW YORK, NEW YORK (10038)

