

Appendix 60.2. (Rules 60.0 - 60.7)

Appendix 60.2. (Rule 60.2) Form IJR-1: Petition for Judicial Review

Form IJR-1 (Rev. 9/09)  
Administrative Appellate Petition  
for Judicial Review

NINETEENTH JUDICIAL DISTRICT COURT  
PARISH OF EAST BATON ROUGE  
STATE OF LOUISIANA

\_\_\_\_\_ SUIT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
(Enter above, the full name and D.O.C.  
number of the Appellant/Petitioner in  
this action.)

VERSUS

\_\_\_\_\_ SECTION/DIVISION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Enter above, the full name of the  
Agency, or Defendant in this action.)

**PETITION FOR JUDICIAL REVIEW**

**I. Administrative Remedy Action (exhaustion is required prior to appeal):**

A. Did you present the facts relating to your complaint in the prisoners' grievance procedure?

YES ( ) NO ( )

B. If your answer is YES, what is the number assigned to the prisoners' grievance? (Note: List only one; R.S. 15:1177 and *Lightfoot v. Stalder*, 97-2626 (La. App. 1st Cir. 12/28/98), 727 So.2d 553).

ARP No.: \_\_\_\_\_

Disciplinary Board Appeal No.: \_\_\_\_\_

Property Claim No.: \_\_\_\_\_

C. If your answer is YES:

1. What steps did you take? \_\_\_\_\_

\_\_\_\_\_

2. What was the result? \_\_\_\_\_

\_\_\_\_\_

**II. Previous Lawsuits Involving Same Facts:**

A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action or the same administrative grievance?

YES ( )            NO ( )

B. If your answer is YES, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiff(s): \_\_\_\_\_, D.O.C. Number: \_\_\_\_\_

\_\_\_\_\_, D.O.C. Number: \_\_\_\_\_

Defendant(s): \_\_\_\_\_

\_\_\_\_\_

2. Court (If Federal Court, name the District; if State Court, name the Parish.):

\_\_\_\_\_

3. Docket number: \_\_\_\_\_

4. Name of Judge to whom case was assigned: \_\_\_\_\_

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

\_\_\_\_\_

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

8. If you have any PLRA Strikes imposed by this or any other court, state the number and identify the Court imposing the Strike: # of strikes \_\_\_\_ name of courts imposing: \_\_\_\_\_

\_\_\_\_\_

**III. Parties To This Appeal:**

A. Appellant/Petitioner (Fill in your name, D.O.C. Number, and present address.)

Name \_\_\_\_\_ D.O.C. Number \_\_\_\_\_

Address: \_\_\_\_\_

(In item B below, place the full name of the Agency or defendant in the first blank, their official position in the second blank, and their place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.)

B. Defendant \_\_\_\_\_, is employed as \_\_\_\_\_

\_\_\_\_\_

C. Additional Defendants:

\_\_\_\_\_

\_\_\_\_\_

**IV. Statement of Claim: (type or print legibly)**

State **briefly** why you believe the final Department decision in the administrative remedy action you listed in Part I, above, is incorrect.

(See La. R.S. 15:1177) (If necessary, you may add a one-page memorandum.)

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V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

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VI. **Rule XIII – Uniform Court Rules:**

**YOU MUST ATTACH TO THIS PETITION A COPY OF THE FINAL DECISION BY THE DEPARTMENT. (failure to comply will delay this appeal).**

VII. **Inmate Assistance Certificate (required):**

A. Were you assisted by any inmate in the preparation of, or research of this lawsuit?

YES ( )                      NO ( )

B. If your answer is Yes, the inmate who assisted must print and sign his/her name, along with his/her D.O.C. Number, certifying that he/she supports the appellant's claims herein. If none assisted you, print "NONE" and sign your name.

\_\_\_\_\_  
**Inmate Counsel Substitute and  
D.O.C. Number**

\_\_\_\_\_  
**I.C.S. Signature**

\_\_\_\_\_  
**Date**

**This Appellate Petition is signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**  
**(signature must be original)**

\_\_\_\_\_, **D.O.C. Number** \_\_\_\_\_  
**Signature of Appellant/Petitioner**

\_\_\_\_\_  
**Current Facility or Address**

**VERIFICATION**

**STATE OF LOUISIANA**

**PARISH OF** \_\_\_\_\_

I, \_\_\_\_\_, D.O.C. Number \_\_\_\_\_, being first duly sworn, under oath says: that he/she is the plaintiff in this action and knows the content of the above petition; that it is the truth, to the best of his/her knowledge, except as to those matters that are stated in it on his information and belief.

\_\_\_\_\_  
**(Signature of Appellant/Petitioner)**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**(Notary Public or other person authorized to administer an oath)**

**SERVICE INFORMATION REQUIRED**

**If the Defendant is not the Department of Corrections, Appellant/Petitioner must provide full names and addresses for service below on all defendants.**

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<http://www.jasc.org/rules/dist.ct/COURTRULESAPPENDIX60.2.PDF>