Form VI-NP-CR
Pro Se Civil Rights Complaint (non-prisoner)
(Rev. 8/24/15)

DISTRICT COURT OF THE VIRGIN ISLANDS
DIVISION OF ☐ ST. THOMAS/ST. JOHN ☐ ST. CROIX

Tia M. Gomez
(Print your full name)

Plaintiff *pro se*,

v.

The Governor of The People of The Virgin Islands
Defendant(s)

COMPLAINT

3:23cv0048
Civil Action No. _____
(To be provided by the Clerk of Court)

Provide full name(s) of defendant(s). 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 in the above caption must be identical to those contained in Part II below.

I. Jurisdiction is asserted pursuant to (CHECK ONE):

☒ 42 U.S.C. §1983 (for claims against state actors)

☐ *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (for claims against federal actors)

II. Parties in this complaint:

A. List your name, address and telephone number. You **must** keep the Clerk of Court apprised of your current contact information.

Name: Tia M. Gomez
Street Address: 8F Estate Thomas
City/State/Zip Code: St. Thomas US VI 00801
Telephone No.: 340-690-1161 Email Address: sweettvi@live.com

B. Provide the name and address of each defendant listed in the caption. Attach additional sheets of paper as necessary.

Defendant No. 1
Name: Tregenza Roach
Position/Title: Lieutenant Governor
Place of Employment: 5049 Kongens Gade
Type of Suit (check all that apply): ☐ individual capacity ☐ official capacity
Address: St. Thomas Virgin Islands

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Defendant No. 2

Name: Albert Bryan

Position/Title: Governor

Place of Employment: Government House

Type of Suit (check all that apply): ☑ individual capacity ☑ official capacity

Address: 5047 Kongens Gade

If there are more than two defendants, attach a separate sheet. For each defendant, specify: (1) name; (2) position/title; (3) place of employment; (4) type of suit; and (5) address.

III. Statement of Claim(s)

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action. Include also the names of other persons involved in the events giving rise to your claims. If you assert multiple claims, number and set forth each claim in a separate paragraph. **Do not give any legal arguments or cite any cases or statutes**.

A. Where did the events giving rise to your claim(s) occur? MCH, Department of Justice, Education, Labor, Human Services, Bluebeards castle, Hospital, Savan, West, Roundde Field

B. What date did the events giving rise to your claim(s) occur? 2013 – 2023

C. Identify the constitutional rights you believe have been violated. *If there are more than four counts, attach a separate sheet.*

i. Count I: All Rights has been violated

ii. Count II: Amendment 1, V, VI, VII, VIII, 11, 14, 19, 13, 18

iii. Count III: Bill of Rights

iv. Count IV: Human Rights has been violated

D. Provide the essential facts of your case "**IN NUMBERED PARAGRAPHS, EACH LIMITED AS FAR AS PRACTICABLE TO A SINGLE SET OF CIRCUMSTANCES.**"[1] *Attach additional sheets of paper as necessary, numbering each allegation.*

1. Police, Entrapment 2011-2023 - being apart of the Government setup, the Sting.

2. Family Status due to Safety

3. Civil Rights, Human, Liberty - violations of government procedures

4.

5.

6.

[1] FED. R. CIV. P. 10.

IV. Damages

Describe how you were damaged by any action or conduct of the defendant(s). If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Distress, tort, was force into Mental Welfare and Human trafficking, Malpractice of agents

V. Relief Requested (*check only those that apply*). If you named two or more defendants and are seeking different relief against each defendant, indicate accordingly.

☑ Monetary damages in the amount of: Millions against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

☐ An injunction ordering: _____ against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

☐ Other (*specify*): _____ against:

___ All defendants ___ Def. No. 1 ___ Def. No. 2

☐ Costs and fees incurred in litigating this matter.

☐ Trial by jury on all issues so triable.

☐ Such other relief as may be appropriate.

VI. Previous Lawsuits

A. Have you filed other lawsuits in 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 6 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same outline.)

1. Court: In The District Court of The Virgin Islands
2. Case/Docket/Index Number: Civil No. 2022-4
3. Date lawsuit filed: 6/13/22 Date closed 6/13/23

VI. Verification and Declaration under Penalty of Perjury

Initial each of the following:

JG I have included **one** properly completed Form JS 44 Civil Cover Sheet (available from the clerk's office).

JG I have included **one** properly completed Form VI-AO 44 Summons in a Civil Action (available from the clerk's office) **for each defendant** I am suing, including the defendant's full name, job title and work address.

JG In addition to this complaint with an original signature, I have included **one copy** of this complaint for **each defendant.**

JG I have included:

☑ Full payment of the filing fee ($400.00) via cash (delivered in person) or check or money order payable to Clerk, District Court of the Virgin Islands; **or**

☐ A properly completed Motion to Proceed *In Forma Pauperis* in a Non-Prisoner Civil Action (Form VI-AO 240-NP)

JG **I have included the following (available from the clerk's office):

☑ Motion for Permission for Electronic Case Filing ("e-filing or ECF")

JG I understand the Court may deny my ECF motion pursuant to Local Rule of Civil Procedure 5.4(b)(2).

JG I understand if the Court grants my ECF motion, it may subsequently terminate my e-filing access.

☐ Pro Se ECF Registration Form

** *INITIAL and complete ECF motion/registration form only if you have access to a computer and an email account.*

JG I agree to promptly notify the clerk of any change of address.

JG I have read all of the statements in this complaint. [*Do not forget to keep a copy for your records.*]

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT. 28 U.S.C. §1746; 18 U.S.C. §1621

This 14 day of October, 2023.

Jia M. Gong
Signature of plaintiff