

INSTRUCTIONS FOR FILING A PRO SE COMPLAINT FOR REVIEW OF A FINAL DECISION BY THE COMMISSIONER OF THE SOCIAL SECURITY ADMINISTRATION

Enclosed is a complaint form and an *in forma pauperis* petition and affidavit.

1. You must fill out the complaint form in the space provided. Part II is the **ONLY** place you can use extra space, as instructed, to describe any previous cases you have filed.
2. Your complaint must be neatly printed or typed. You must sign the complaint, which states under penalty of perjury that the facts you have stated are true. “Under penalty of perjury” means that any false statement of a material fact may result in criminal penalties.
3. Do not present arguments in the complaint. If the case proceeds, the Court will issue a schedule for filing briefs that will allow you the opportunity to state your arguments.
4. The cost of filing this case is \$400.00, which includes a \$350.00 filing fee and a \$50.00 administrative fee. The full \$400.00 cost is due when you file your complaint and can be paid with a check or by credit card. A check should be made payable to “Clerk of Court.”
5. If you cannot afford the filing fee, you may file a request to proceed without it. To do so, complete and sign, under penalty of perjury, the enclosed petition and affidavit to proceed without prepayment of the fees and/or costs.
6. You must file the original complaint with the Clerk of Court. Keep a copy of all papers you file or receive in this case.
7. **MAIL OR BRING COMPLETED FORM(S) TO:**
Clerk, United States District Court
Room 362 Federal Courthouse
517 E. Wisconsin Avenue
Milwaukee, WI 53202
8. The Court will notify you by mail of everything that happens in your case, so you must provide the address where you receive your mail. If that address changes, notify the Court of the new address immediately.
9. The Clerk of Court has a guide, *Answers to Pro Se Litigants’ Common Questions*, which may be helpful if you have questions. Not everything covered in the guide will apply to your case. You can pick up a copy in the Clerk’s Office, Room 362, Federal Courthouse, or call the Clerk’s Office at (414) 297-3372 and ask that one be mailed to you. The guide is also available at the District Court’s website www.wied.uscourts.gov under Pro Se Resources.
10. You may be able to get legal assistance from the Eastern District of Wisconsin Bar Association Pro Se Federal Civil Litigant Help Line. Before a volunteer lawyer can help you, you must read and sign an agreement form. You can pick up this form at the Clerk’s Office, Room 362, Federal Courthouse, or you can call the Clerk’s Office at (414) 297-3372 or the Eastern District of Wisconsin Bar Association at (414) 276-5933 and ask that a copy be mailed to you. You may also complete the form online at www.edwba.org or by using the link to the helpline at www.wied.uscourts.gov under Pro Se Resources.

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

Plaintiff: your full name and the full name of any person on whose behalf you are filing this case; **use initials instead of the full name for a child under age 18.**

v.

Case No. _____
(supplied by Clerk after case is filed)

Commissioner of the Social Security Administration,
Defendant.

**COMPLAINT FOR REVIEW OF A FINAL DECISION BY THE COMMISSIONER OF THE
SOCIAL SECURITY ADMINISTRATION**

I. Parties

A. Plaintiff (your name): _____
If you are filing this case on behalf of someone else, include that person's full name and

_____ relationship to you. **Use initials instead of the full name for a child under age 18.**

B. The Social Security Number used by the Social Security Administration in this case:

C. Your mailing address, including the county where you reside, and phone number (with area code):

D. Defendant:

**Commissioner of the Social Security Administration
c/o Office of General Counsel, SSA
200 W. Adams Street, 30th Floor
Chicago, Illinois 60606-5208**

II. Previous Lawsuits

A. Have you filed any other case in state or federal court related to the same facts involved in this case?

YES NO

B. Have you filed any other case in state or federal court, even if it was not related to the facts involved in this case?

YES NO

C. If your answer to A or B is YES, provide the requested information below. **If you filed more than one case, describe each additional case on a separate sheet of paper using the format below. DO NOT USE THE BACK OF THIS FORM.**

1. Parties to the previous case:

Plaintiff(s): _____

Defendant(s): _____

2. Court in which the case was filed (for federal courts, name the district; for state courts, name the county):

3. Case number: _____

4. Current status (for example: open, closed, on appeal): _____

5. Approximate date the case was filed: _____

6. Approximate date the case ended: _____

III. Statement of Claim

A. The type of Social Security benefits that you, or the person on whose behalf you are filing this case, seek in this case (check all that apply):

Supplemental Security Income (SSI)

and/or

Disability Insurance (SSDI or Widow/Widower)

and/or

Other (explain): _____

B. I seek review of an unfavorable final decision of the Commissioner of the Social Security Administration under 42 U.S.C. § 405(g) and/or 42 U.S.C. § 1383(c)(3).

I have received a decision from the Administrative Law Judge, and it is dated:

If you have a copy of the Administrative Law Judge’s decision, attach it to this complaint.

I have received an Appeals Council’s notice or determination, and it is dated:

If you have a copy of the Appeals Council’s notice or determination, attach it to this complaint.

I, or the person on whose behalf I am filing this case, was disabled during the time period included in this case. I believe the Commissioner’s unfavorable conclusions and findings of fact are not supported by substantial evidence; and/or are contrary to law and regulation.

Use the space below to state any additional facts that may explain why you or the person on whose behalf you are filing this case are/is entitled to relief. **Use only the space provided below—keep the facts short and to the point.**

IV. Relief Sought

I request all such relief as is proper under the Social Security Act and as the Court otherwise deems appropriate, including costs.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this _____ day of _____, 20 _____.

Signature of Plaintiff/Legal Representative

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WISCONSIN**

Full name of plaintiff(s)

v.

Case No. _____
(Provided by the Clerk of Court)

Full name of defendant(s)

**NON-PRISONER REQUEST TO PROCEED IN DISTRICT COURT
WITHOUT PREPAYING THE FILING FEE**

Answer the following questions to the best of your ability.

Note: If you do not tell the truth, the Court may dismiss your lawsuit.

I. Personal Information

1) Are you employed? Yes No

2) Are you married? Yes No

If "Yes," is your spouse employed? Yes No

3) Do you have any dependents that you are responsible for supporting?

Yes No

If "Yes," list them below:

<u>Name or initials (for minor children only)</u>	<u>Relationship to You</u>	<u>Age</u>	<u>Amount of Support Provided per Month</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

II. Income – If you are married, your answers *must include your spouse's income*. (When calculating income, include any wages, salary, rent, child support, public assistance, unemployment compensation, disability payments, life insurance payments, pensions, annuities, workers' compensation, stock dividends and interest, gifts and inheritance, or other money you receive from any source.)

1) State your total *monthly* wages or salary? \$ _____

2) Provide the name and address of your employer(s):

3) State your spouse's total *monthly* wages or salary? \$ _____

State the amount of money you have received from any other source in the last twelve months, such as the sources listed above. Please attach an additional sheet if necessary.

<u>Source of income</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____

III. Expenses – If you are married or have dependents, *your expenses should also include your household's expenses*.

- 1) Identify the following amounts that you pay per month:
- Rent or Mortgage \$ _____
 - Car payment(s) \$ _____
 - Alimony or court-ordered child support \$ _____
 - Credit card payment(s) \$ _____
 - Other household expenses \$ _____
(e.g., groceries, clothing, medical costs, utilities, cell phone, internet, etc.)

- 2) Do you have any other *monthly* expenses that you have not already listed?
 Yes No

If "Yes," list them below:

<u>Expense</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

- 3) What are your total *monthly* expenses? \$ _____

IV. Property – If you are married, your answers must *include your spouse's property*.

- 1) Do you own a car? Yes No If "Yes," list car(s) below:

<u>Make and Model</u>	<u>Year</u>	<u>Approximate Current Value</u>
_____	_____	\$ _____
_____	_____	\$ _____

- 2) Do you own your home(s)? Yes No

If "Yes," state the approximate value(s). \$ _____

What is the amount of equity (assessed value of residence minus outstanding mortgage balance) in the home(s)? \$ _____

- 3) Do you have any cash or checking, savings, or other similar accounts?
 Yes No

If "Yes," state the total of such sums. \$ _____

4) Do you own any other property of value, such as real estate, stocks, bonds, trusts, or individual retirement accounts (e.g., IRA, 401 k), artwork, or jewelry?

Yes No

If "Yes," describe the property and the approximate value(s).

V. **Other Circumstances** – Describe any other financial circumstance(s) that you would like the Court to consider when reviewing this petition.

I, _____, declare that I am the plaintiff bringing this complaint. I declare that I am unable to prepay the fee and that I am entitled to the relief sought in the complaint. I declare under penalty of perjury that the foregoing is true and correct.

Date

Signature