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3
4 UNITED STATES DISTRICT COURT
5 WESTERN DISTRICT OF WASHINGTON

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7 _____
8 _____,
9 Plaintiff(s),
10 v.
11 COMMISSIONER OF SOCIAL
12 SECURITY,
13 Defendant.

CASE NO. _____
[to be filled in by Clerk's Office]

PRO SE COMPLAINT FOR
SOCIAL SECURITY DISABILITY
BENEFITS

13 **I. PARTIES**

14 A. Plaintiff is an applicant for Social Security disability benefits who is proceeding pro se.

15 Plaintiff's Full Name
(if filing on own behalf)

16 Street Address

17 City and County

18 State and Zip Code

Telephone Number

19 Plaintiff is filing this case on behalf of _____, who is
20 over the age of 18.

21 Plaintiff is filing this case on behalf of a minor under the age of 18, whose initials are
22 _____.

1 B. Defendant is the Commissioner of Social Security.

2 COMMISSIONER OF SOCIAL SECURITY
3 OFFICE OF GENERAL COUNSEL, REGION X
4 701 5TH AVE
5 STE 2900, M/S 221A
6 SEATTLE, WA 98104-7075
7 206-615-2539

8 **II. JURISDICTION**

9 Jurisdiction is conferred upon the Court under 42 U.S.C. §§ 405(g) and/or 1383(c)(3), as
10 applicable. This complaint is timely because it was filed within sixty days of the date on which
11 Plaintiff received notice that the Commissioner’s decision became final.

12 **III. STATEMENT OF CLAIM**

13 A. Defendant denied Plaintiff’s claim for:

<input type="checkbox"/>	Disability Insurance Benefits Claim (Title II)
<input type="checkbox"/>	Supplemental Security Income Claim (Title XVI)
<input type="checkbox"/>	Child Disability Claim
<input type="checkbox"/>	Widow or Widower Claim
<input type="checkbox"/>	Other (please describe below): _____ _____ _____

14 The Commissioner’s final decision is not supported by substantial evidence and/or is
15 based on legal error.

16 Plaintiff therefore requests judgment be entered as follows:

- 17 1. The final decision of Defendant be reversed and set aside;
- 18 2. The Court remand this case for calculation and payment of benefits by Defendant
19 or, alternatively, for further administrative proceedings;
- 20 3. The Court award Plaintiff costs and fees; and

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4. The Court grant such other relief that is deemed just and proper.

IV. CERTIFICATION

I certify to the best of my knowledge that this complaint meets the requirements of Federal Rule of Civil Procedure 11. I will provide the Clerk’s Office with any changes to my address where case-related papers may be served. 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.

Signature of Pro Se Plaintiff _____

Printed Name of Plaintiff _____

Date Signed _____