UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

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|   , Plaintiff(s), v.COMMISSIONER OF SOCIAL SECURITY, Defendant. | CASE NO. [to be filled in by Clerk’s Office]PRO SE COMPLAINT FOR SOCIAL SECURITY DISABILITY BENEFITS |

# Parties

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

|  |  |
| --- | --- |
| Plaintiff’s Full Name(if filing on own behalf) |  |
| Street Address |  |
| City and County |  |
| State and Zip Code |  |
| Telephone Number |  |
| Plaintiff is filing this case on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is over the age of 18.Plaintiff is filing this case on behalf of a minor under the age of 18, whose initials are \_\_\_\_\_\_\_\_\_\_.  |

## Defendant is the Commissioner of Social Security.

## COMMISSIONER OF SOCIAL SECURITY OFFICE OF GENERAL COUNSEL, REGION X 701 5TH AVE STE 2900, M/S 221ASEATTLE, WA 98104-7075206-615-2539

# Jurisdiction

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

**III. STATEMENT OF CLAIM**

## Defendant denied Plaintiff’s claim for:

|  |
| --- |
|[ ]  Disability Insurance Benefits Claim (Title II) |
|[ ]  Supplemental Security Income Claim (Title XVI) |
|[ ]  Child Disability Claim |
|[ ]  Widow or Widower Claim |
|[ ]  Other (please describe below): |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Plaintiff therefore requests judgment be entered as follows:

### The final decision of Defendant be reversed and set aside;

2. The Court remand this case for calculation and payment of benefits by Defendant or, alternatively, for further administrative proceedings;

3. The Court award Plaintiff costs and fees; and

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_