

1  
2  
3  
4  
5  
6 UNITED STATES DISTRICT COURT  
7 WESTERN DISTRICT OF WASHINGTON

8 \_\_\_\_\_,  
[write your full name]

9 Plaintiff,

10 v.

11 COMMISSIONER OF SOCIAL SECURITY,

12 Defendant.  
13

CASE NO. \_\_\_\_\_  
[to be filled in by the Clerk's Office]

**PRO SE COMPLAINT FOR SOCIAL  
SECURITY DISABILITY BENEFITS**

14 **I. PARTIES**

- 15 1. Plaintiff is an applicant for Social Security disability benefits who is unrepresented  
16 by counsel and proceeding *pro se*.
- 17 2. Plaintiff is a resident of \_\_\_\_\_ County in the State of Washington.
- 18 3. Plaintiff is filing this case on behalf of: [check one only]
- 19 \_\_\_\_\_ self.
- 20 \_\_\_\_\_ a minor under the age of 18, whose initials are \_\_\_\_\_.
- 21 \_\_\_\_\_ an individual over the age of 18, whose initials are \_\_\_\_\_.
- 22 4. Plaintiff will provide their full name and BNC number (or social security number) to  
23 the U.S. Attorney's Office for the Western District of Washington.

5. Defendant is the Commissioner of Social Security.

Commissioner of Social Security  
Office of General Counsel  
6401 Security Boulevard Ste 2900  
M/S 221 A  
Baltimore, MD 21235

## II. JURISDICTION

6. Jurisdiction is conferred upon the Court under 42 U.S.C. §§ 405(g) and/or 1383(c)(3), as applicable.

## III. STATEMENT OF CLAIM

7. The Social Security Administration denied Plaintiff's claim for: [check all that apply]

Claim Type:		For Clerk's Office Use Only:
<input type="checkbox"/>	Disability Insurance Benefits (Title II)	COA: 42:0405id NOS: 864
<input type="checkbox"/>	Supplemental Security Income (Title XVI)	COA: 42:1383 NOS: 863/864
<input type="checkbox"/>	Child Disability	COA: 42:0405wc NOS: 863
<input type="checkbox"/>	Widow or Widower	COA: 42:0405ww NOS: 863
<input type="checkbox"/>	Other/Unknown (describe below):  _____  _____  _____  _____	COA: 42:0405ww NOS: 863

The Social Security Administration's final decision is not supported by substantial evidence and/or is based on legal error.

1 Plaintiff, therefore, requests judgment be entered as follows:

- 2 1. The final decision of the Social Security Administration be reversed and set aside;
- 3 2. The Court remand this case for calculation and payment of benefits by the Social
- 4 Security Administration, or, alternatively, for further administrative proceedings;
- 5 3. The Court award plaintiff costs and fees, if applicable; and
- 6 4. The Court grant such other relief that is deemed just and proper.

7 **IV. CERTIFICATION**

8 Under Rule 11 of the Federal Rules of Civil Procedure, by signing below, I certify to

9 the best of my knowledge, information, and belief that: (1) the complaint is not being

10 presented for an improper purpose, such as to harass, cause unnecessary delay, or

11 needlessly increase the cost of litigation; (2) the complaint is supported by existing law or

12 by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the

13 complaint's factual contentions have evidentiary support or, if specifically so identified,

14 will likely have evidentiary support after a reasonable opportunity for further investigation

15 or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

16 I also certify that I will provide the Clerk's Office with any changes to my address where

17 case-related papers may be served. I understand that my failure to keep a current address

18 on file with the Clerk's Office may result in the dismissal of my case.

19 \_\_\_\_\_  
Signature of Plaintiff Date Signed

20 \_\_\_\_\_  
Printed Name of Plaintiff

21 \_\_\_\_\_  
Plaintiff's Street Address

22 \_\_\_\_\_  
City and County

\_\_\_\_\_ State and Zip Code

23 \_\_\_\_\_  
Plaintiff's Telephone Number

\_\_\_\_\_ Plaintiff's Email Address (if available)