

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for challenging a final Social Security Administration decision.]

NEATLY print in ink (or type) your answers.]

[You are the **PLAINTIFF**, print your full name on this line.]

v.

COMMISSIONER OF SOCIAL SECURITY,
DEFENDANT.

Case Number _____

*[For a new case in this court, leave blank.
The court will assign a case number.]*

*[The top of this page is the caption. Everything you file in this case must have the same caption.
Once you know your case number, it is VERY IMPORTANT that you include it on everything you send
to the court for this case. DO NOT send more than one copy of anything to the court.]*

SOCIAL SECURITY COMPLAINT

1. My address is: _____

2. My telephone number is: (____) _____

3. The last four (4) digits of my Social Security Number are: _____

4. The date printed on my Notice of Appeals Council Action letter is: _____

5. The date I received my Notice of Appeals Council Action letter was: _____

6. My disability is: _____

7. I have attached a copy of the following documents:

☐ Notice of Appeals Council Action Letter

☐ Decision of the Administrative Law Judge

☐ Other: _____

8. Are you paying the filing fee?

☐ Yes, I am paying the \$405.00 filing fee.

☐ No, I am filing a Motion to Proceed In Forma Pauperis.

[DO NOT] write in the margins or on the back of any pages. Attach additional pages if necessary.]

CLAIMS and FACTS

DO: List the errors made by the Social Security Administration.

DO: Explain why the decision of the Administrative Law Judge was wrong.

DO: List what evidence supports your claim for disability.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Number your paragraphs. [*The first paragraph has been numbered for you.*]

1. _____

[Initial Each Statement]

_____ I will keep a copy of this complaint for my records.

_____ I will promptly notify the court of any change of address.

_____ I declare **under penalty of perjury** that the statements in this complaint are true.

Signature

Date

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for non-prisoners who cannot afford to pay the filing fee when filing a new case OR a notice of appeal.
If you are a prisoner, you need a different form.]

[Type or neatly print in ink your full name. If more than one **PLAINTIFF**, each must file a separate form.]

v.

[Put the name of the first **DEFENDANT** on this line.]

Case Number _____

[For a new case in this court, leave blank.
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption. Once you know your case number, it is VERY IMPORTANT that you include it on everything you send to the court for this case. DO NOT send more than one copy of anything to the court.]

MOTION TO PROCEED IN FORMA PAUPERIS

1. Are you employed? ☐ No.

☐ Yes, my gross earnings (before deductions for taxes, etc.) are: \$ _____ per month.

2. Are you married? ☐ No.

☐ Yes, spouse's gross earnings (before deductions for taxes, etc.) are: \$ _____ per month.

3. Have you (and spouse if married) received money from any other source in the past 12 months? ☐ No.

<input type="radio"/> Yes.	From where?	How often?	How much?

4. If you have no income listed above, explain how you (and spouse, if married) obtain food, clothing, shelter, and other necessities of basic living. _____

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

