(INND Rev. 4/24) page 1

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.]

Trou are the FLAINTIFF , print your juil name on this in	[c.]				
V.	Case Number				
COMMISSIONER OF SOCIAL SECURITY,	[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 Co	ouncil Action letter was:				
6. My disability is:					
. ,					
7. I have attached a copy of the following do	cuments:				
O Notice of Appeals Council Action Letter					
O Decision of the Administrative Law Judg	ge				
Other:					
8. Are you paying the filing fee?					
○Yes, I am paying the \$405.00 filing fee.					

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

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

(INND Rev. 4/24) page 2

CLAIMS and FACTS

DO: List the errors made by the Social Security Administration	on.
DO: Explain why the decision of the Administrative Law Judg	ge 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 ter	ms, or make legal arguments.
DO: Number your paragraphs. [The first paragraph has been num	bered 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 add	Iracc
I declare under penalty of perjury that the stateme	
ractiale diluci penalty of perjury that the stateme	nto in this complaint are true.
Cignotius	Data
Signature	Date

AO 239 (Rev. 1/15) (INND Rev. 8/16) page 1

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 <u>OR</u> a notice of appeal.

If you are a prisoner, you need a different form.]

[Type or <u>neatly</u> print in ink your full name. If more a one PLAINTIFF , each must file a separate form.]	than		
v.	-	Case Number	
[Put the name of the first DEFENDANT on this line.]	, The court will	ussign a case namber.]	
[The top of this page is the caption. Everyth Once you know your case number, it is <u>VERY I</u> to the court for this case. <u>DO NOT</u> send more	MPORTANT that you include it o than one copy of anything to th	n <u>everythinq</u> you send ne court.]	
MOTION TO PROCE	ED IN FORIVIA P.	AUPERIS	
. Are you employed? No.			
Yes, my gross earnings (before deduction	ons for taxes, etc.) are: \$ _	per month.	
. Are you married?			
Yes, spouse's gross earnings (before de	ductions for taxes, etc.) are	e: \$ per mon	
. Have you (and spouse if married) received months? No.	I money from any other so	urce in the past 12	
Yes. From where?	How often?	How much?	
L			
. If you have no income listed above, explai	n how you (and spouse, if	married) obtain food,	
. If you have no income listed above, explai clothing, shelter, and other necessities of k			

AO 239 (Rev. 1/15) (INND Rev. 8/16) page 2 5. How much money do you (and spouse, if married) have? \$ [Include cash on hand and deposits in accounts.] 6. What is the value of your (and spouse, if married) real estate, cars, jewelry, stocks, bonds, and other valuable property or investments? \$. . 7. How many children under 18 years of age do you (and spouse, if married) support: [Include children who live in your household or for whom you pay child support.] 8. List any adult you support: What is your relationship to this adult? Age? How Much Support? 9. Please provide any other information that should be considered in evaluating your motion. I am not a prisoner. I cannot pay the full filing fees and costs of this civil lawsuit or give security because of my poverty. I believe that my claims have merit. I ask the court to allow me to proceed without pre-payment of court fees and costs. I declare under penalty of perjury that all of my statements in this motion are true.

Date

Signature