

**INFORMATION AND INSTRUCTIONS FOR FILING
A SOCIAL SECURITY SUIT IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Introduction

Attached are the forms you must complete and return to the court in order to file a civil suit. Information regarding these forms and instructions for completing the forms are provided below. Please read all of the instructions carefully before you complete the attached forms. All forms and other papers submitted to the court must bear an original signature and must be typewritten or legibly handwritten.

Civil Cover Sheet

You must complete and submit to the court a civil cover sheet (Form JS 44). *See* D.C.COLO.LCivR 3.1. Only the original civil cover sheet is required. Instructions for completing the civil cover sheet appear on the reverse side of the civil cover sheet.

Summons in a Civil Action

You do not need to complete and submit a “Summons in a Civil Action” if you are requesting, and the court orders, service of process by the United States Marshals Service. Otherwise, you must complete and submit to the court an original and one copy of the “Summons in a Civil Action” form for each party to be served. The completed summonses will be signed and sealed by the clerk or a deputy clerk and returned to you to serve the complaint yourself.

Court Fees

Each complaint must be accompanied by the full \$350.00 filing fee plus an additional \$55.00 administrative fee, for a total payment of \$405.00. The fees may be paid in cash, by money order, by credit card, or by check payable to: Clerk, U.S. District Court. There are no fees for a jury demand, an answer, or other similar papers. A schedule of other fees charged by the court is attached to the Local Rules of Practice for the United States District Court for the District of Colorado. A copy of the Local Rules of Practice is available from the Clerk of the Court or from the court’s website.

If you want to proceed without prepayment of fees, you must file on the form provided in this packet an original Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form). The required form, including a version that may be downloaded and completed on your computer, also is available on the court’s website. Each question in the application must be answered clearly and concisely in the appropriate space on the form. Any information that does not fit in the space provided on the form should be attached to the application, and the attached information should indicate clearly to which question the information pertains. Do not use the full name of minor children listed as dependents on the form. Identify minor children by their initials only. Do not include their date of birth. You must sign the application. You should exercise care to assure that all answers are true, correct, and complete. If there is more than one plaintiff in the civil suit, each plaintiff must complete and submit a separate application seeking leave to proceed without prepayment of fees following these same instructions.

Service of Process

Each defendant must be served with a copy of the summons and complaint pursuant to Rule 4 of the Federal Rules of Civil Procedure. A copy of Rule 4 is included in this packet. Serving each defendant with a copy of the summons and complaint is known as service of process.

If the court grants you leave to proceed without prepayment of fees pursuant to 28 U.S.C. § 1915, you are entitled, but not required, to have the United States Marshals Service serve process. The United States Marshals Service will not serve process without a court order.

If you elect not to have the court direct the United States Marshals Service to serve process, you are responsible for making service of process yourself. You should be aware that, due to high demands on the United States Marshals Service, service of process by the marshals may take up to 120 days. You may reduce the amount of time required for service of process if you choose to make service of process yourself pursuant to Rule 4 of the Federal Rules of Civil Procedure.

Notice and Request for Waiver of Service

Rule 4(d) of the Federal Rules of Civil Procedure allows for service of process of certain individuals, corporations, and associations by providing notice of the lawsuit and requesting a waiver of formal service of process. You should consult the copy of Rule 4 that is included in this packet to determine whether a particular defendant appropriately may be served pursuant to Rule 4(d).

If you are seeking leave to proceed without prepayment of fees pursuant to 28 U.S.C. § 1915 and you choose to make service of process yourself or if you are required to make service of process yourself, you may attempt to obtain a waiver of formal service of process from each defendant appropriately served pursuant to Rule 4(d). To attempt to obtain such a waiver, you must send by first-class mail to each appropriate defendant:

1. The completed Notice of Lawsuit and Request for Waiver of Service of Summons;
2. Two completed copies of a Waiver of Service of Summons;
3. A copy of the complaint; and
4. A self-addressed, stamped envelope.

If the defendant agrees to waive formal service of process, the defendant will return the Waiver of Service of Summons to you for filing with the court. If any defendant does not return the Waiver of Service of Summons to you within the time you specify on the Notice of Lawsuit and Request for Waiver of Service of Summons, that defendant must be served personally in accordance with Rule 4 of the Federal Rules of Civil Procedure.

Complaint

Each named defendant must be listed in the caption of the complaint, one defendant per

line. If there is more than one defendant, you should indicate clearly in the body of the complaint which actions are attributable to each defendant.

You must provide the court with an original complaint. You should keep a copy of the complaint for your records. The court will not provide a copy for you.

You must file your complaint on the form provided in this packet. The required form, including a version that may be downloaded and completed on your computer, also is available on the court's website. Your complaint must comply with the requirements of the Federal Rules of Civil Procedure. Rule 8 of the Federal Rules of Civil Procedure provides the general rules of pleading. A copy of the complete Federal Rules of Civil Procedure may be purchased at the U.S. Government Bookstore, <http://bookstore.gpo.gov>. The Federal Rules of Civil Procedure also are available for your use in the law library at the United States Courthouse.

If applicable, you should attach to your complaint, as an exhibit, a copy of any letter or other notification from an administrative agency that authorizes you to file your lawsuit or that otherwise may be relevant to the complaint you file. You are encouraged to file your complaint with the court well in advance of any applicable deadline for filing the complaint.

If you are removing a case from state court, please contact the Clerk of the Court for additional information.

Legal Assistance

The United States district judges, the United States magistrate judges, the Clerk of the Court, the deputy clerks, and other court staff are officers of the court and are prohibited from giving legal advice. Legal questions should be directed to an attorney. A list of organizations and services that may be able to provide you with legal assistance or assist you in finding an attorney is included in this packet.

Additional Information

After the court has issued a case number, each paper filed with the court must include the case number. You also must provide each opposing party or his, her, or its attorney with a copy of all documents submitted to the court.

You should keep a copy of each paper filed with the court for your records. The court will not provide a copy for you. You also should submit copies, not originals, of any exhibits or other attachments to papers submitted to the court for filing because the court is unable to return original documents or exhibits to you. For privacy and security reasons, you should not submit documents that include dates of birth, Social Security numbers, or banking information.

Each original document submitted to the court, except the original complaint, must include a certificate stating the date a copy of the document was mailed to each opposing party or his, her, or its attorney and the address to which it was mailed. Any document that fails to include a certificate of service may be disregarded by the court or returned to you. Even if you have been granted leave to proceed without prepayment of fees pursuant to 28 U.S.C. § 1915,

neither the court nor the United States Marshals Service will serve any papers after the filing and service of the complaint. An example of a certificate of service is:

I hereby certify that a copy of the foregoing pleading/document was mailed to _____ (defendant(s) or counsel for defendant(s))
at _____ (address) on _____, 20____.

Plaintiff's Original Signature

When you have completed the complaint and all of the necessary forms as described in these instructions, the completed complaint and forms should be mailed or hand delivered to the Clerk of the United States District Court whose name and address are:

Jeffrey P. Colwell, Clerk
Alfred A. Arraj United States Courthouse
901 19th Street, Room A105
Denver, CO 80294-3589

If you have any questions or seek additional information, please contact the office of the Clerk of the Court at 303/844-3433. The court's business hours are from 8:00 a.m. to 5:00 p.m., Monday through Friday.

PLEASE NOTE: If you are unrepresented (pro se), not a prisoner, and have a civil case, you can contact the Federal Pro Se Clinic for free, limited legal assistance. Call the Federal Pro Se Clinic at 303-380-8786 or fill out an intake form online at <https://www.cobar.org/fpsc>. The Clinic cannot help with prisoner, criminal or bankruptcy cases, or with appeals.

UNITED STATES DISTRICT COURT

for the

_____ District of _____

_____ <i>Plaintiff/Petitioner</i>)	
v.)	Civil Action No.
_____ <i>Defendant/Respondent</i>)	

**APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)**

Affidavit in Support of the Application	Instructions
I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.	Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.
Signed: _____	Date: _____

- For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property <i>(such as rental income)</i>	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$

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Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$	\$	\$	\$

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (<i>Value</i>)	\$
Other real estate (<i>Value</i>)	\$
Motor vehicle #1 (<i>Value</i>)	\$
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (<i>Value</i>)	\$
Make and year:	
Model:	
Registration #:	
Other assets (<i>Value</i>)	\$
Other assets (<i>Value</i>)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$	\$
Home maintenance <i>(repairs and upkeep)</i>	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>		
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$	\$
Installment payments		
Motor vehicle:	\$	\$
Credit card <i>(name):</i>	\$	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

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Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$	\$
Other (<i>specify</i>):	\$	\$
Total monthly expenses:	\$	\$

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? Yes No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

12. Identify the city and state of your legal residence.

Your daytime phone number: _____

Your age: _____ Your years of schooling: _____

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO**

Civil Action No. _____
(To be supplied by the court)

_____, Plaintiff

v.

COMMISSIONER OF SOCIAL SECURITY _____, Defendant.

COMPLAINT FOR JUDICIAL REVIEW OF SOCIAL SECURITY DECISION

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

A. PLAINTIFF INFORMATION

You must notify the court of any changes to your address where case-related papers may be served by filing a notice of change of address. Failure to keep a current address on file with the court may result in dismissal of your case.

(Name and complete mailing address)

(Telephone number and e-mail address)

B. NATURE OF CLAIM

Plaintiff seeks judicial review of the Commissioner's final decision dated _____.
(You must attach a copy of the Commissioner's final decision.)

Please check the type of claim you are filing:

- Disability Insurance Benefits Claim (Title II)
- Supplemental Security Income Claim (Title XVI)
- Child Disability Claim
- Widow or Widower Claim

C. JURISDICTION AND EXHAUSTION OF ADMINISTRATIVE REMEDIES

Plaintiff has exhausted administrative remedies in this matter and the court has jurisdiction for judicial review pursuant to 42 U.S.C. § 405(g) and/or 1383(c)(3).

D. REQUEST FOR RELIEF

State the relief you are requesting or what you want the court to do.

E. PLAINTIFF'S SIGNATURE

I declare under penalty of perjury that I am the plaintiff in this action, that I have read this complaint, and that the information in this complaint is true and correct. *See* 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Under Federal Rule of Civil Procedure 11, by signing below, I also certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

(Plaintiff's signature)

(Date)

(Form Revised December 2017)

PLAINTIFF'S CHECKLIST (Social Security)

1 original Civil Cover Sheet

1 original Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form), if the plaintiff seeks to proceed without payment of the filing fee. Each plaintiff must complete this form if there is more than one plaintiff.

A check, cash, or credit card payment in the amount of \$405.00, if the plaintiff does not seek to proceed without payment of the filing fee.

Complaint

1 original

1 copy for the plaintiff's records