UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF ILLINOIS

OFFICE OF THE CLERK
TEL: 217.492.4020
FAX: 217.492.4028

Standard Review of a Social Security Decision Complaint Packet

1. Instructions for filing a Social Security Complaint
2. Notice for all parties filing documents concerning Privacy Issues
3. Blank Social Security Complaint form
4. Petition and Affidavit for Leave to Proceed in Forma Pauperis
5. Motion to Request Counsel

INSTRUCTIONS FOR FILING AN ACTION
FOR REVIEW OF A SOCIAL SECURITY DECISION
U.S. DISTRICT COURT, CENTRAL DISTRICT OF ILLINOIS

1. Please use the complaint form provided by the clerk of this court. Fill out the form completely. It is most important that you **include your social security number**, **your full name and address and a telephone number where you can be reached during the day**. You must remember to make a copy for yourself to retain.

2. If you cannot pay the $405.00 filing fee, you must fill out an Application to Proceed In Forma Pauperis. This affidavit is available from the Clerk's Office.

3. On December 1, 2022, supplemental rules for social security actions under 42 U.S.C. § 405(g) were implemented stating "[t]he court must notify the Commissioner of the commencement of the action by transmitting a Notice of Electronic Filing to the appropriate office within the Social Security Administration's Office of General Counsel and to the United States Attorney for the district where the action is filed. The plaintiff need not serve a summons and complaint under Civil Rule 4." Due to this change, summons are not needed when filing your complaint.

Legal Aid for Central Illinois can assist you in finding an attorney, and may, in some cases, provide an attorney for you. You should contact Legal Aid by calling 1-800-747-5523.

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF ILLINOIS

NOTICE FOR ALL PARTIES FILING DOCUMENTS CONCERNING PRIVACY ISSUES

This court now makes documents available electronically through the Court's Case Management Electronic Case Filing System (CMECF). Documents filed by Pro Se parties will be electronically scanned and uploaded into CMECF. The content of these documents will also be made available on the Court's Internet webpage via PACER (Public Access to Court Electronic Records). Any subscriber to CMECF or PACER will be able to read, download, store, and print the full content of electronically filed documents. The clerk's office will not make electronically available documents that have been sealed or otherwise restricted by court order.

If sensitive information must be included, the following personal identifiers must be partially redacted, whether it is filed traditionally or electronically as follows:

(a) Social Security Numbers - Use only the last four digits.

(b) Minor's Names - Use the minor's initials.

(c) Date of Birth - Use only the year.

(d) Addresses - Use only City and State.

(e) Driver's License Number - Use only the last four digits.

(f) Financial Account Numbers - Identify the name or type of account and the financial institution where maintained, but use only the last four digits of the account number.

UNITED STATES DISTRICT COURT

for the
Central District of Illinois

Plaintiff	)	
vs.	)	Case No. _____
COMMISSIONER OF SOCIAL SECURITY	)	
Defendant	)	

COMPLAINT

The plaintiff is a resident of _____.
(City and State)

The plaintiff's Social Security Number has been attached to the copy of the complaint served on the Commissioner of Social Security.

The plaintiff complains of a decision which adversely affects (him) (her). The decision has become the final decision of the Commissioner for purposes of judicial review and bears the following caption:

In the case of: Claim for:

_____ _____
Claimant

_____
Wage Earner

The plaintiff has exhausted administrative remedies in this matter and this Court has jurisdiction for judicial review pursuant to 42 U.S.C. §405(g).

Wherefore, plaintiff seeks judicial review by this Court and the entry of judgment for such relief as may be proper, including costs.

Signature _____

Print Name _____

Address _____

_____
City State Zip

Telephone No. _____

UNITED STATES DISTRICT COURT

for the

Central District of Illinois

_____ *Plaintiff/Petitioner*	)	
v.	)	Civil Action No.
_____ *Defendant/Respondent*	)	

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

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.

In support of this application, I answer the following questions under penalty of perjury:

1. *If incarcerated.* I am being held at: _____. If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

2. *If not incarcerated.* If I am employed, my employer's name and address are:

My gross pay or wages are: $ _____, and my take-home pay or wages are: $ _____ per *(specify pay period)* _____.

3. *Other Income.* In the past 12 months, I have received income from the following sources *(check all that apply)*:

(a) Business, profession, or other self-employment	❒ Yes	❒ No
(b) Rent payments, interest, or dividends	❒ Yes	❒ No
(c) Pension, annuity, or life insurance payments	❒ Yes	❒ No
(d) Disability, or worker's compensation payments	❒ Yes	❒ No
(e) Gifts, or inheritances	❒ Yes	❒ No
(f) Any other sources	❒ Yes	❒ No

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

4. Amount of money that I have in cash or in a checking or savings account: $ _____ .

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name *(describe the property and its approximate value)*:

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses *(describe and provide the amount of the monthly expense)*:

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

8. Any debts or financial obligations *(describe the amounts owed and to whom they are payable)*:

Declaration: I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date: _____ _____

Applicant's signature

_____

Printed name

Print Save As... Add Attachment Reset

UNITED STATES DISTRICT COURT

for the
Central District of Illinois

_____	)	
Plaintiff(s)	)	
	)	
vs.	)	Case Number:_____
	)	
	)	
_____	)	
Defendant(s)	)	

MOTION TO REQUEST COUNSEL

1. I, _____, declare that I am (check one) □ Plaintiff □ Defendant in the above-entitled proceeding and state that I am unable to afford the services of an attorney, and I request that the Court assist me in seeking volunteer counsel to represent me in this proceeding.

2. In support of my motion, I declare that I have contacted the following attorneys/organizations seeking representation in this case: **(This item must be completed, and you should attach documentation showing that you have asked several attorneys to represent you in this case.)**

_____

_____

_____

3. In further support of my motion, I declare that (check appropriate box):

□ I am not currently, nor previously have been represented by an attorney appointed by the Court in this or any other civil or criminal proceeding before this Court.

□ I am currently, or previously have been, represented by an attorney appointed by this Court in the proceeding(s) described on the back of this page.

4. In further support of my motion, I declare that (check appropriate box):

□ I have attached an original Application to Proceed In Forma Pauperis detailing my financial status.

□ I have previously filed an Application to Proceed In Forma Pauperis in this proceeding and it is a true and correct representation of my financial status.

4. (continued)

☐ I have previously filed an Application to Proceed In Forma Pauperis in this proceeding; however, my financial status has changed and I have attached an amended Application to Proceed In Forma Pauperis to reflect my current financial status.

5. In further support of my motion, I declare that my highest level of education is (check one):

☐ Grammar school only ☐ Some high school ☐ High School graduate

☐ Some college ☐ College graduate ☐ Post-graduate

6. (Check only if applicable): ☐ In further support of my motion, I declare that my ability to speak, write, and/or read English is limited, because English is not my primary language or because (explain reason):

7. I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

_____
Movant's Signature

_____
Street Address

_____
City/State/Zip

Failure to complete all items in this form may result in the denial of this motion.