UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF LOUISIANA

_____ CIVIL ACTION
Plaintiff

versus NO. _____

_____
Commissioner of Social Security

COMPLAINT

The above-named plaintiff makes the following representation to this court for the purpose of obtaining judicial review of a decision of the defendant adverse to the plaintiff:

1. The plaintiff is a resident of _____(City), _____(State) and has a Social Security number ending in the last four digits ***-**-_ _ _ _.

2. The plaintiff complains of a decision which adversely affects the plaintiff in whole or in part. 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) ***-**-_ _ _ _ (last four digits of Social Security No.)

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

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

_____	_____
Date	Signature
	_____
	Printed Name
	_____
	Street Address
	_____
	City, State, Zip Code
	_____
	Telephone Number

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF LOUISIANA

_____	)	
	)	
_____	)	
	)	
_____	)	
name of plaintiff (s)		
	)	**CIVIL ACTION**
versus	)	
	)	**NO._____**
_____	)	
	)	
_____	)	
	)	
_____	)	
name of defendant (s)		

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS

I (We) hereby request leave to proceed in forma pauperis. Attached is my (our) financial affidavit in support of this motion.

_____

_____

_____
(signature of plaintiff (s))

FINANCIAL AFFIDAVIT

PERSONAL FINANCIAL DATA

A. Your full name and present mailing address:

Telephone:

B. Are you presently employed? Yes _____ No _____

If your answer is "yes" give the name and address of your employer and the amount of your usual weekly salary or wages .

Weekly earnings $_____

If you are not presently employed, give the name and address of your last employer, when you last worked, and the amount of weekly salary or wages you were receiving.

Date last worked: _____

Weekly earnings: $_____

C. Approximately how much money have you received in the past twelve months:

as wages, salary, commissions or earned income of any kind?

$_____

as interest, dividends, rents or investments or any kind?

$_____

as gifts or inheritance?

$_____

from social security, unemployment compensation or any form of state or federal welfare payments or benefits?

$_____

from pensions, annuities, workmen's compensation, disability or other insurance policies?

$_____

from all other sources?

$_____

D. How much money do you own of have in any checking or savings accounts?

$_____

E. Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable property (excluding household items and clothing)?

Yes _____ No _____

If the answer is "yes," describe the property and state its approximate value:

F. How much money do you owe to others?

$_____

As to each debt over $100.00, state the name of the creditor and the amount owed:

G. List the person who are dependent upon you for support, stating your relationship to them and how much you contribute each year toward their support.

H. Are there any other persons regularly residing in your household who are over the age of eighteen and who are presently employed?

Yes _____ No _____

If the answer is "yes," give the following information for each such person:

Name:

Relationship:

Employer:

Weekly earnings:

I. Any other information which you believe supports your claim that you cannot financially afford to make payment of court fees.

Under penalty of perjury, I declare that the information given on the preceding pages is true and correct.

Date:_____

_____

Signature

UNITED STATES DISTRICT COURT

MIDDLE DISTRICT OF LOUISIANA

CIVIL ACTION

VERSUS

COMMISSIONER OF SOCIAL SECURITY NO.

O R D E R

The plaintiff(s) in this cause having tendered to the Court a complaint and affidavit(s) with a request for leave to proceed in forma pauperis;

IT IS HEREBY ORDERED:

☐ Plaintiff's application for leave to proceed in forma pauperis is DENIED. The plaintiff(s) is responsible for service of summons and complaint on the defendant(s).

☐ Plaintiff's application for leave to proceed in forma pauperis is GRANTED. The Clerk of Court will file said complaint without prepayment of costs or security therefor. The plaintiff(s) shall promptly provide the Clerk of Court with a summons and a copy of the complaint for each defendant to be served (a total of three copies of complaint). Plaintiff(s) shall promptly provide to the United States Marshal a completed U.S. Marshal Form 285 for each defendant. The Clerk of Court is directed to issue process to the defendants.

☐ The United States Marshal shall serve the defendants, in the manner required by Rule 4, Federal Rules of Civil Procedure, wherever found.

Baton Rouge, Louisiana, this ____ day of _____, 20___.

_____

UNITED STATES MAGISTRATE JUDGE

UNITED STATES DISTRICT COURT

for the

Middle District of Louisiana

_____ *Plaintiff(s)*	)	
v.	)	Civil Action No.
COMMISIONER OF SOCIAL SECURITY	)	
_____ *Defendant(s)*	)	

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* UNITED STATES ATTORNEY
MIDDLE DISTRICT OF LOUISIANA
777 FLORIDA STREET, SUITE 208
BATON ROUGE, LA 70801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

_____
Signature of Clerk or Deputy Clerk

Civil Action No.

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____ was received by me on *(date)* _____ .

❒ I personally served the summons on the individual at *(place)* _____ on *(date)* _____ ; or

❒ I left the summons at the individual's residence or usual place of abode with *(name)* _____ , a person of suitable age and discretion who resides there, on *(date)* _____ , and mailed a copy to the individual's last known address; or

❒ I served the summons on *(name of individual)* _____ , who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____ ; or

❒ I returned the summons unexecuted because _____ ; or

❒ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

_____
Server's signature

_____
Printed name and title

_____
Server's address

Additional information regarding attempted service, etc:

Print Save As... Reset