

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**FOR SOCIAL SECURITY PLAINTIFFS WITHOUT LAWYERS —
HOW TO REQUEST THE COURT TO APPOINT ONE**

If you desire to have an attorney, you should complete and file the enclosed form. Attorneys are selected from the Plaintiff's Social Security *Pro Se* Panel, as described in the Court's Notice to Plaintiffs Without Lawyers (*Pro Se*) in Social Security Cases Regarding Appointment of Counsel. Please read this notice carefully.

When you have completed the form, bring it or mail it to:

**Clerk of Court
United States District Court
601 Market Street, Room 2609
Philadelphia, PA 19106-1797**

If you have any questions, you may call the Clerk's office at 215.597.7704 and ask for the *Pro Se* Writ Clerk.

Please keep a copy of any forms that you file for your records.

4. If you need an attorney who speaks a language other than English, state what language(s) you speak: _____.

5. I understand that even if the Court grants this motion, I will receive *pro bono* counsel only if an attorney volunteers to take my case and that there is no guarantee that an attorney will volunteer to represent me.

6. I understand that if my answers on this motion are false, my case may be dismissed.

7. I have reviewed the Court's "Notice to Plaintiffs Without Lawyers (*Pro Se*) in Social Security Cases Regarding Appointment of Counsel." If my request for appointment is granted, I would like my case to be placed on the Court's Attorney Panel for *Pro Se* Plaintiffs in Social Security Cases for review by attorneys who are members of the panel.

8. I agree that if my request is granted, the Judge assigned to my case, judicial staff, and employees of the Office of the Clerk of Court may place my case on the Court's extranet site for review by attorneys who are members of the panel.

9. I understand that documents filed in my case, including the administrative record, may contain personal identifying information including, but not limited to, my social security number, my date of birth, and my medical information. **I agree that attorneys who are members of the panel and their agents may electronically access the documents and records filed in my case, including any that contain personal identifying information, for the purpose of reviewing my case and deciding whether to represent me.**

10. I agree that attorneys from the panel may contact me if they are interested in representing me. I understand that I will be required to sign a retention agreement with an attorney before that attorney can represent me, and that if I do not cooperate with counsel, counsel may decline to represent me in this matter.

I certify under the penalty of perjury that the foregoing statements are true and correct.

Signature

Date