

**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, you may file using the court's electronic document submission (EDS) system available on the court's website [Electronic Document Submission \(EDS\) | Eastern District of Pennsylvania | United States District Court](#), or you may bring it to the clerk's office 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.

	:	
	:	
	:	
	:	Civil Action No.
v.	:	
	:	
Commissioner of Social Security	:	

**MOTION FOR APPOINTMENT OF ATTORNEY**  
**IN SOCIAL SECURITY CASES**

I, \_\_\_\_\_, plaintiff, request appointment of counsel.

1. I have made a diligent effort to find an attorney to represent me but have not found an attorney who has agreed to take my case. Below are the attorneys and legal aid organizations I approached to take my case.

2. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.

3. Explain why you need an attorney in this case. If you asked for an attorney earlier in this case, please explain what has changed since you last asked for an attorney:

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 be appointed 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 understand 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. I understand that if the Court appoints an attorney for me, Court approval will be required to terminate representation.

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. I understand that the Equal Access to Justice Act allows an attorney to recover fees without diminishing the amount of my recovery if I prevail.

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

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Signature

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Date