



Federal Pro Se Clinic

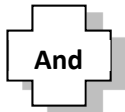
CENTRAL DISTRICT OF CALIFORNIA: WESTERN DIVISION

▣ Serving the Social Security Administration and its Employees in Their Official Capacities ▣

If you are a plaintiff and you have filed a Complaint against an employee or an officer of the Social Security Administration for individual claims for benefits under Titles II, VIII, and/or XVI of the Social Security Act, you must arrange for delivery of a copy of the Summons and Complaint to the U.S. Government **and** the officer or employee. This is called “service of process.” However, a plaintiff cannot serve the Summons and Complaint. The person who serves the Summons and Complaint (the “server”) must be **at least 18 years old** and **not a party to the lawsuit**. To serve the Social Security Administration and its employees in their official capacities in a lawsuit filed in the U.S. District Court for the Central District of California, your **server** must do **each** of the following:

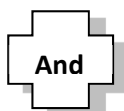
1. **Mail a copy of the Summons and Complaint to the U.S. Attorney for the Central District of California.** Your server must send a copy of the Summons and Complaint by certified mail, return receipt requested, to the following address:

Civil Process Clerk
Office of the United States Attorney, Civil Division
Federal Building
300 North Los Angeles Street, Suite 7516
Los Angeles, CA 90012



2. **Mail a copy of the Summons and Complaint to the Attorney General of the United States in Washington, D.C.** Your server must send a copy of the Summons and Complaint by certified mail, return receipt requested, to the following address:

Attorney General of the United States
U.S. Department of Justice
950 Pennsylvania Avenue, NW
Washington, D.C. 20530-0001



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3. **Mail a copy of the Summons and Complaint to the Social Security Administration's Office of Regional Chief Counsel in San Francisco.** Your server must send a copy of the Summons and Complaint by certified mail, return receipt requested, to the following address:

Office of the Regional Chief Counsel, Region IX
Social Security Administration
160 Spear Street
Suite 800
San Francisco, CA 94105-1545

In order to complete the proof of service form, you must attach proof of actual receipt by the person served. The easiest way to do this is to attach the return receipts (green postcards) to your proof of service form.

*Because serving the Summons and Complaint can be complicated, please **read Rule 4** of the Federal Rules of Civil Procedure and consider **consulting an attorney**.*

DON'T FORGET!

*You must file **a proof of service form** signed by the server (see attached form) so the court knows that you served the right defendant.*

Sample United States Postal Service Forms

Certified Mail Receipt

You may purchase this service to receive proof of the date of mailing and a unique number to track the status of delivery online. For an additional fee, you can request a copy of the recipient's signature that is obtained at the time of delivery.

Domestic Return Receipt (Front and Back)

You may purchase this service before mailing the summons and complaint. You will receive the green postcard with the recipient's actual signature or approved hand stamp.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102559-02-M-1540</p>	

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4 in this box *

1 _____ (Plaintiff's Full Name)
2 _____ (Email Address)
3 _____ (Address Number & Street)
4 _____ (City, State, Zip)
5 _____ (Phone Number)

6 Plaintiff in Pro Per

7
8 **UNITED STATES DISTRICT COURT**
9 **CENTRAL DISTRICT OF CALIFORNIA**

10
11 _____,
12 **Plaintiff,**
13 **vs.**
14 _____
15 _____
16 _____
17 _____,
18 **Defendant(s).**
19

Case No.: _____

**PROOF OF SERVICE ON THE
SOCIAL SECURITY
ADMINISTRATION**

20
21
22 I, _____, declare as follows:
(name of server)

23 1. At the time of service I was at least 18 years of age and **not a party to this**
24 **lawsuit.**

25
26 2. I served copies of the summons, complaint, and certificate and notice of
27 interested parties (hereinafter referred to as "copies").

28 ///

1 3. I served the Social Security Administration by doing each of the following:
2 (you must complete and check a, b, and c below)

3
4 a. **Mail Service on the United States Attorney for the Central**
5 **District of California** in compliance with the Federal Rules of Civil
6 Procedure. I mailed copies to the Civil-Process Clerk via certified or
7 registered mail to:

8 Civil-Process Clerk
9 U.S. Attorney's Office for the Central District of California
10 Federal Building
11 300 North Los Angeles Street, Suite 7516
12 Los Angeles, CA 90012

13 Date: _____

14 A copy of the signed return receipt is attached.

15
16 b. **Mail Service on the Attorney General of the United States** in
17 compliance with the Federal Rules of Civil Procedure. I mailed
18 copies to the Attorney General via certified or registered mail to:

19 Attorney General of the United States
20 U.S. Department of Justice
21 950 Pennsylvania Avenue, NW
22 Washington, D.C. 20530-0001

23 Date: _____

24 A copy of the signed return receipt is attached.

25
26 ///
27 ///
28 ///

1 c. **Mail service on the Social Security Administration** in compliance
2 with the Federal Rules of Civil Procedure. I mailed copies via
3 certified or registered mail to:

4 Office of the Regional Chief Counsel, Region IX
5 Social Security Administration
6 160 Spear Street
7 Suite 800
8 San Francisco, CA 94105-1545

9 Date: _____

10 A copy of the signed return receipt is attached.

11
12 4. My name, address, and telephone number are:

13 _____ (Full Name)
14 _____ (Address Number & Street)
15 _____ (City, State, Zip)
16 _____ (Phone Number)
17

18 5. I am not a registered California process server.
19

20 I declare under penalty of perjury that the foregoing is true and correct.
21

22 Executed on _____ at _____
23 (date) (place of signing)

24 _____ (Signature)

25 _____ (Name)
26
27
28