

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORK**

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(Print your name)

Petitioner,

\_\_\_\_\_-CV-\_\_\_\_\_

vs.

**SHARPE MOTION FOR A PROMPT  
HEARING AND DETERMINATION**

COMMISSIONER OF SOCIAL SECURITY,

Respondent

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I, \_\_\_\_\_, respectfully state:

1. This is a motion for an Order directing the Social Security Administration to provide me with a prompt hearing and/or decision and to pay me interim benefits pending the resolution in my case. *See Sharpe v. Sullivan*, 1990 WL 4016 (S.D.N.Y. 1990), and *Sharpe v. Heckler*, 1985 WL 2898 (S.D.N.Y. 1985).
2. I requested a hearing before an Administrative Law Judge on \_\_\_\_\_
3. (Applicant should check one of the following statements.)  
 No hearing has as yet been scheduled. I believe that this delay is unreasonable.  
 No decision has as yet been scheduled. I believe that this delay is unreasonable.
4. I have been informed by the Social Security Administration of my right to request this Order by letter dated \_\_\_\_\_
5. I reside at: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. My telephone number is: \_\_\_\_\_
7. The last four digits of my social security number is: \_\_\_\_\_  
 \_\_\_\_\_

8. Respondent is the Commissioner of Social Security, and as such, has full power and responsibility over disability benefits under the Social Security Act as amended.

9. My disability or disabilities are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. My disability or disabilities began on \_\_\_\_\_  
\_\_\_\_\_

11. I have \_\_\_/have not \_\_\_ filed other actions in U.S. Courts relating to my efforts to obtain Social Security Disability Benefits. If other actions were filed, they are listed below (attach a separate sheet if necessary):

Court Name	Docket Number	Date Filed	Date Case Closed (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WHEREFORE**, I respectfully request that:

- (a) Respondent be ordered to provide me with a prompt hearing of and/or decision on my claim;
- (b) **Applicant should check one of the following: Yes \_\_\_ or No \_\_\_**: Respondent be ordered to pay me interim benefits pending this hearing and/or decision.
- (c) Such further relief as may be just and proper under the circumstances of this case.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature**  
**(Print Name Below)**  
\_\_\_\_\_