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7 Attorneys for Federal Defendant,
Social Security Administration
8

FILED

2011 JUN 10 P 3:35

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA



9
10 UNITED STATES DISTRICT COURT
11 NORTHERN DISTRICT OF CALIFORNIA

12 SHARON BRIDGEWATER, }
13 Plaintiff, }
14 SOCIAL SECURITY ADMINISTRATION, }
15 Defendant. }

NO. CV 11-2828 JCS

AMENDED NOTICE
OF REMOVAL

17 TO: Clerk, Superior Court of California
18 County of San Francisco
400 McAllister Street, Room 103
19 San Francisco, CA 94102

20 Sharon Bridgewater
21 965 Mission Street #409
San Francisco, CA 94063

22 PLEASE TAKE NOTICE that the Notice of Removal filed on June 10, 2011 in the above
23 entitled action was incorrectly docketed as Case No. CV 11-2822 JCS. The case is hereby corrected
24 to CV 11-2828 JCS.

25 PLEASE TAKE NOTICE that on this day Case No. CGC-11-510850 pending in the San
26 Francisco County Superior Court is being removed to the United States District Court for the
27 Northern District of California, pursuant to 28 U.S.C. § 1442(a)(1) on behalf of federal defendant
28 Social Security Administration ("SSA"). Upon direction by the Attorney General of the United

NOTICE OF REMOVAL

Bridgewater v. Social Security Administration -1-

1 States, the undersigned attorneys hereby present the following facts to the Judges of the United States
2 District Court for the Northern District of California.

3 1. On May 10, 2011, Plaintiff Sharon Bridgewater filed a summons and complaint in the San
4 Francisco County Superior Court. Plaintiff's complaint is for: First Cause of Action Violation of the
5 Plaintiff's Civil Rights, and Second Cause of Action Intentional Infliction of Emotional Distress
6 ("Complaint"). A copy of Plaintiff's Complaint is attached as Exhibit A pursuant to 28 U.S.C.
7 § 1446(a), which constitutes the only process, pleading, or order which has been received.

8 2. Plaintiff is claiming a civil rights violation, and intentional infliction of emotional distress
9 primarily as a result of what she describes as "threatening letters" she received from SSA in January
10 2011. Plaintiff claims she received letters from defendant stating that if she failed to keep her
11 appointment to come in and talk to the worker about her income that she would lose her Social
12 Security benefits.

13 3. Plaintiff sues for \$75,000.00.

14 4. On May 11, 2011, the Social Security Administration received a copy of the Complaint.
15 The United States Attorneys Office has not been served pursuant to Rule 4(i)(1), and 4(i)(2). No trial
16 is scheduled in this case.

17 5. This action must be removed to federal district court under 28 U.S.C. § 1442(a)(1) in that it
18 is a civil action against an agency of the United States. This action may also be removed to federal
19 district court because original jurisdiction lies in a federal forum under 28 U.S.C. § 1331 (civil
20 actions arising under the Constitution, laws or treaties of the United States), and other applicable
21 authorities, including the Social Security Act (42 U.S.C. § 405(g)).

22 //

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NOTICE OF REMOVAL

Bridgewater v. Social Security Administration -2-

6. A copy of this Notice is being filed with the Clerk of the San Francisco County Superior Court. That filing will automatically effect the removal of the action in its entirety to this Court for all future proceedings.

Respectfully submitted,

MELINDA HAAG
United States Attorney

Dated: June 10, 2011

By:

JOANN M. SWANSON
Assistant United States Attorney

NOTICE OF REMOVAL
Bridgewater v. Social Security Administration -3-

SUM-100

SUMMONS
(CITACION JUDICIAL)

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO):

Sharon Bridgeman

YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTÁ DEMANDANDO EL DEMANDANTE):

Social Security Administration

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/seahelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/seahelp), or by contacting your local court or county bar association. NOTE: The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case.

AVISO! *Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación.*

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte lo podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. AVISO: Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 o más de valor recibido mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is:
(El nombre y dirección de la corte es)

**SUPERIOR COURT
400 MCALLISTER STREET RM 103
SAN FRANCISCO, CA 94102**

CASE NUMBER:
(Número del Caso)
CGC-11-510850

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is:
(El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

Sharon Bridgeman 965 Mission Street # 409, San Francisco, CA 94103

CLERK OF THE COURT

DATE:
(Fecha) **MAY 10 2011**

Clerk, by
(Secretario)

P. NATT

Deputy
(Adjunto)

(For proof of service of this summons, use Proof of Service of Summons (form POS-01D).
(Para prueba de entrega de esta citación use el formulario Proof of Service of Summons, (POS-01D)).

NOTICE TO THE PERSON SERVED: You are served

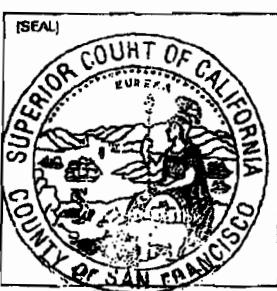
- as an individual defendant
- as the person sued under the fictitious name of (specify):

- on behalf of (specify):

under: CCP 416.10 (corporation) CCP 416.60 (minor)
 CCP 416.20 (defunct corporation) CCP 416.70 (conservatee)
 CCP 416.40 (association or partnership) CCP 416.90 (authorized person)

- other (specify): *USA Government*

- by personal delivery on (date):



Form Adopted for Mandatory Use
Judicial Council of California
SUM-100 (Rev. July 1, 2009)

SUMMONS

Code of Civil Procedure §§ 412.20, 465
www.courtinfo.ca.gov

American LegalNet, Inc.
www.FormsWorld.com

1 Sharon Bridgewater
2 965 Mission Street #409
3 San Francisco, CA 94103
4 IN PRO SE

ENDORSED
FILED
San Francisco County Superior Court

MAY 10 2011

CLERK OF THE COURT
BY: PARAM NATT Deputy Clerk

7
8 **SUPERIOR COURT OF CALIFORNIA**
9 **CITY AND COUNTY OF SAN FRANCISCO**
10 **UNLIMITED JURISDICTION**

CGC-11-510850

11 Sharon Bridgewater

) CASE No.

12 Plaintiff.

)
13) **FIRST CAUSE OF ACTION**
14) **VIOLATION OF THE PLAINTIFF'S**
15) **CIVIL RIGHTS**

16 Vs.

)
17) **SECOND CAUSE OF ACTION**
18) **INTENTIONAL INFILCTION OF**
19) **EMOTIONAL DISTRESS**

20 Social Security Adminstration

21 Defendants.

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26
27 *Sharon Bridgewater vs. Social Security Adminstration*

1
2 Plaintiff by verified complaint alleges per verified complaint as follows on the next page.
3

4 These causes of actions by defendants all took place within this Court's jurisdiction
5 district and the damages are in excess of \$25,000.00.

6 The defendants discriminated against the Plaintiff and
7 terminated the Plaintiff checks without due
8 process of law. The Plaintiff gave the defendants
9 this Complaint on Feb 8, 2011 at the San Francisco
10 office. The defendants cut the Plaintiff check,
11 and had the Plaintiff "crying" in the
12 office, and the defendants are discriminating
13 against the Plaintiff because she is
14 homeless and disabled and can't defend
15 herself. The defendants retaliated
16 because the Plaintiff gave the
17 defendants the Complaint on Feb 8, 2011.
18 Please turn to next page and see
19 exh# 3.

20
21
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23
24
25
26 5/8/2011 DR



27 Sharon Bridgewater vs. Social Security Administration
28

1 Sharon Bridgewater
2 201 N. 8th Street
3 San Francisco, CA 94103

4 In Pro Se

5 **IN THE UNITED STATES DISTRICT COURT OF**
6 **NORTHERN CALIFORNIA**

8 Sharon Bridgewater,

9 **CASE No.**

10 Plaintiff,

11 **COMPLAINT FOR DAMAGES**
12 **AND INJUNCTIVE RELIEF**

13 Vs.

14 The United States of America Social Security

15 Administration

16 Defendants,

17 Plaintiff Sharon Bridgewater ("plaintiff" or "Miss Bridgewater") on information, alleges as
18 follows.

19 *[Redacted]*

20 *[Redacted]*

21 *[Redacted]*

22 *[Redacted]*

23 *[Redacted]*

24 *[Redacted]*

25 *[Redacted]*

26 *[Redacted]*

27 *[Redacted]*

28 *[Redacted]*

Complaint for Damages and Injunctive Relief

RECEIVED
05/11/2011 17:43

- 1 -

1

2

3 **GENERAL ALLEGATIONS**

4

5 1. This is an action for damages based upon the conduct of the Social Security
6 Administration of San Francisco, CA 94102.

7

8 2. On or about the Plaintiff 1/15/2011 received a "threatening" letter from the Social
9 Security Administration, "ADDRESSED TO GENERAL DELIVERY MAILBOX" in San
10 Francisco, to talk to the Plaintiff about income. The letter expressly stated if the Plaintiff did not
11 keep her appointment and come in and talk to the worker about income she would lose her Social
12 Security benefits.

13

14 3. On or about the Plaintiff 1/25/2011 received a second "threatening" letter from the
15 Social Security Administration "ADDRESSED TO GENERAL DELIVERY MAILBOX" in San
16 Francisco, to talk to the Plaintiff about income. The letter expressly stated if the Plaintiff did not
17 keep her appointment she would lose her Social Security benefits.

18

19 4. The Plaintiff have told the Social Security Office on several occasions she has no
20 income, and only receives her monthly benefit from Social Security of \$825.00 per month.(SSI
21 payments from Social Security) and have no other income.

22

23 5. The Defendants are aware and have full knowledge that the Plaintiff currently lives
24 in a "HOMELESS SHELTER" and lived in a Shelter since, Oct. 22, 2010 and continues to
25 reside a homeless Shelter. (See exh. 1)

1 6. The Defendants are aware and have "FULL KNOWLEDGE" the Plaintiff is a victim of
2 crime "twice." THE DEFENDANTS ARE AWARE, HAVE FULL KNOWLEDGE, THE
3 PLAINTIFF HAVE BEEN DEPRIVED OF EVERYTHING SHE HAS EVER OWNED her
4 entire life.

5 7. The Defendants know, ARE AWARE the Plaintiff has a mental disability as defined
6 by the Social Security Administration, and is vulnerable, homeless, and "experiencing "extreme"
7 hardship and mental distress.

8 8. The Defendants actions are malicious, oppressive, willful, and intentional
9
10 with malice, forethought, and with reckless disregard, discriminatory AND
11 harassing. The Defendants actions constitute discriminatory threat and harassment. The
12 Plaintiff REFUSES TO BE ANOTHER VICTIM OF CRIME AND/OR MALICIOUS
13 PROSECUTION!!!!

14 8.5 The Plaintiff told the Social Security Adminstration
15 She is going to sue for harassment + violation
16 of the ADA Act.

CRIMINAL HARRASMENT

9. Criminal harassment is defined as "engaged in intentional conduct which the actor [harasser] knows or has reason to know would cause the victim, under the circumstances, to feel frightened, threatened, oppressed, persecuted, or intimidated; and causes this reaction on the part of the victim. Conduct includes the following repeatedly mailing or delivering unwanted letters.

California Penal Code

(a) The Legislature finds and declares that research, including "Special Report to the Legislature on Senate Resolution 18: Crimes Committed Against Homeless Persons" by the Department of Justice and "Hate, Violence, and Death: A Report on Hate Crimes Against People Experiencing Homelessness from 1999-2002" by the National Coalition for the Homeless demonstrate that California has had serious and unaddressed problems of crime against homeless persons, including homeless persons with disabilities.

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JURISDICTION AND VENUE
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10. This federal court has personal jurisdiction over the Defendants because they are the
11 United States Government. The Plaintiff brings this action under the VIOLATION OF THE
12 REHABILITATION ACT, ADA, CA CIVIL RIGHTS ACT OF 1990, AND CIVIL RIGHTS OF
13 PEOPLE WITH DISABILITIES ACT.
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11. This federal court has personal jurisdiction over the Defendants because they are The
12 United States Government. This court has jurisdiction for VIOLATION OF THE
13 REHABILITATION ACT, ADA, CA CIVIL RIGHTS ACT OF 1990, and AND CIVIL RIGHTS
14 OF PEOPLE WITH DISABILITIES ACT.
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FIRST CAUSE OF ACTION
**VIOLATION OF THE REHABILITATION ACT, ADA, CA CIVIL RIGHTS ACT
OF 1990, AND CIVIL RIGHTS OF PEOPLE WITH DISABILITIES ACT**

12. Plaintiff realleges and incorporates by reference each and every allegation contained

in paragraphs 1 to 11 as though fully set forth herein.

13. The Defendants, on or about 1/15/2011 and 1/25/2011. The Defendants conduct constitutes discrimination, harassment, stalking and threatening behavior.

14. The defendants conduct constitutes **VIOLATION OF THE REHABILITATION ACT, ADA, CA CIVIL RIGHTS ACT OF 1990, AND CIVIL RIGHTS OF PEOPLE WITH DISABILITIES ACT** and proximately caused Bridgewater injuries and damages.

15. Bridgewater have been injured and damaged and have damages.

16. Bridgewater is entitled to compensatory, special damages and ^{and/or} punitive damages.

**SECOND CAUSE OF ACTION
INTENTIONAL INFILCTION OF EMOTIONAL DISTRESS**

All preceding paragraphs are hereby incorporated by reference as if fully set forth.

17. The defendants conduct was outrageous.
18. The defendants willfully, knowingly and intended to cause and inflict Emotional distress on the Plaintiff.
19. The Defendants intentionally inflicted severe emotional distress by was of extreme and outrageous conduct on Plaintiff.
20. The defendants set the conditions, directly, facilitated, confirmed, ratified and inflicted emotional distress on Plaintiff.
21. The defendants conduct constitutes intentional infliction of emotional distress and proximately caused Bridgewater injuries and damages.
22. Bridgewater have been injured and damaged and have damages.
and/or
23. Bridgewater is entitled to compensatory, special damages and punitive damages.

PRAYER FOR RELIEF

WHEREFORE, plaintiff request judgment against Defendants as follows.

1. For General Damages and Special Damages, in the amount of \$500,000.00. (five hundred thousand dollar)
2. TRO and/or injunction for the Defendants "NOT" to SEND ANY MORE LETTER' OR TO HAVE ANY MORE COMMUNICATION WITH THE PLAINTIFF.
3. For such other relief as the court may deem just and proper.

JURY TRIAL DEMANDED

Sharon Bridgewater

5/8 |
Date: 2-8-2011

Complaint for Damages and Injunctive Relief

- 8 -

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4 **VERIFICATION**

5
6
7 **I Sharon Bridgewater Declare:**

8
9
10 I am the Plaintiff in the above entitled action.

11 I make this verification because the facts set forth in the complaint are within my
12 Knowledge and it is I who was threatening lettering by the Social Security Office, THE
13 SOCIAL SECURITY OFFICE ARE AWARE I AM HOMELESS AND HAVE NO
14 INCOME. THE CONDUCT OF THE OFFICE IS MALICIOUS, DISCRIMINATORY
15 AND HARRASING.

16 I have read the foregoing complaint and know the contents thereof.

17 The same is true of my own knowledge.

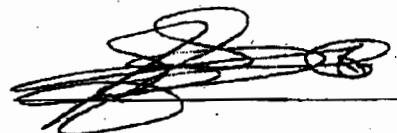
18 I except as to those matters which are therein alleged on information
19 and belief, and as to those matters, I believe it to be true.

20 I Sharon Bridge water declare under penalty of perjury under the laws of the State of
21 California that the foregoing is true and correct.

22 *5/8/2011*

23 Dated: ~~FEB. 8, 2011~~

24 At San Francisco, California



25
26
27
28
Sharon Bridgewater

Get #1

FROM:

05/11/2011 17:44 #649 P.014/029

From:

Changes: Homeless Management Information System: Residency Verification

City and County of San Francisco: Department of Human Services (DHS): County Adult Assistance Programs (CAAP)

Requested By: anolan Report Date: 05/08/2011 11:49:07 AM

For Period From 10/01/2010 to 04/07/2011

Quesada NED - 5/8/11

Name: Sharon Bridgewater
Date of Birth: 04/11/1962
SSN: XXX-XX-2970

Institution	Date
Episcopal Sanctuary	10/21/2010
Next Door	10/26/2010
Next Door	10/27/2010
Next Door	10/30/2010
MSC South	10/31/2010
Episcopal Sanctuary	11/01/2010
Next Door	11/02/2010
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Episcopal Sanctuary 04/05/2011

and still converts homeless thru to date

5/8/2011 (2)

05/11/2011 17:45 #649 P.021/029

FROM:

Exh #253

UNITED STATES DISTRICT COURT
Northern District of California
1301 Clay Street
Oakland, California 94612

www.cand.uscourts.gov

Richard W. Wiering
Clerk

General Court Number
510.637.3530

February 9, 2011

Sharon Bridgewater
201 N. 8th Street
San Francisco, CA 94103

Re: Documents submitted to the court

Dear Ms. Bridgewater:

We are unable to process the enclosed documents. All new civil cases require a completed civil cover sheet. I have enclosed a civil cover sheet for your convenience.

Please provide an original and two copies of each document you are submitting, along with a self-addressed postage paid envelope so that we can return your new case materials.

Sincerely,

Cynthia J. Lenahan
Cynthia J. Lenahan
Intake Docket Clerk

Enc.
Returning Documents
Complaint and IFP Application

RECEIVED
LAW FEE CLEAR FORM
RICHARD WEARING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
JUN 11 2011 5:03

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

10 *Sharon Bridgewater* Plaintiff)
11) CASE NO. _____
12 vs.) APPLICATION TO PROCEED
13 *Social Security Administration*) IN FORMA PAUPERIS
14) (Non-prisoner cases only)
15 Defendant.)

16 I, *Sharon Bridgewater*, declare, under penalty of perjury that I am the plaintiff
17 in the above entitled case and that the information I offer throughout this application is true and
18 correct. I offer this application in support of my request to proceed without being required to
19 prepay the full amount of fees, costs or give security. I state that because of my poverty I am
20 unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

21 In support of this application, I provide the following information:

22 1. Are you presently employed? Yes No

23 If your answer is "yes," state both your gross and net salary or wages per month, and give the
24 name and address of your employer:

25 Gross: *0* Net: _____

26 Employer: _____

27 _____

28 If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 _____

3 _____

4 _____

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or
8 self employment? Yes ___ No

9 b. Income from stocks, bonds,
10 or royalties? Yes ___ No

11 c. Rent payments? Yes ___ No

12 d. Pensions, annuities, or
13 life insurance payments? Yes ___ No

14 e. Federal or State welfare payments,
15 Social Security or other govern-
16 ment source? Yes No ___

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 Disability Income SST
20 \$825.00 per month "ONLY"

21 3. Are you married? Yes ___ No ___

22 Spouse's Full Name: _____

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income: N/A

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ _____

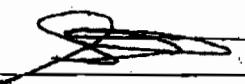
27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

1
2 10. Does the complaint which you are seeking to file raise claims that have been presented in
3 other lawsuits? Yes No X

4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
5 which they were filed.

6
7
8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a
9 false statement herein may result in the dismissal of my claims.

10
11 2/7/2011



12 DATE

SIGNATURE OF APPLICANT

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Social Security Administration
Discrimination Complaint Form

Form Approved
OMB No. 0960-0585

1. Person(s) allegedly discriminated against:
State your name, address and Social Security number.

Name Sharon Bridgewater
Address 965 Mission Street #409
City San Francisco, State CA ZIP 94103
Daytime phone number where you can be reached NO Phone
Social Security Number 373-74- [REDACTED]

2A. Person filing complaint, if different from above:

Name _____
Address _____
City _____ State _____ ZIP _____
Daytime phone number where you can be reached N/A

2B. Please explain your relationship to the person(s) identified in question 1:

myself

3A. Please check the basis (or bases) on which you believe SSA discriminated and the type of discrimination you allege occurred. (For example, if your national origin is Vietnamese and you believe that SSA discriminated against you for this reason, then mark the form this way:
 National origin: Vietnamese.)

Disability: Homelessness
 Age: _____
 Race: _____
 Color: _____
 National origin: _____
 Limited ability to speak English: _____

Sex: _____
 Sexual orientation: _____
 Status as a parent: _____
 Religion: _____
 Retaliation: _____

3B. Does your complaint concern employment with SSA? If so, you should not use this form, but you must contact an SSA (EEO) Counselor within 45 days of the action that you believe to be discriminatory.

The procedure for filing a complaint of employment discrimination is described at 29 C.F.R. Part 1614. To get in touch with an EEO Counselor, you may call SSA's Office of Civil Rights and Equal Opportunity on the following toll-free number: (866) 744-0374.

3C. Does your complaint concern a decision that was made on a claim you filed for Social Security benefits? If you disagree with a decision that was made on a claim you filed for benefits, you **must** appeal that decision according to the procedure described in the notice of appeal rights that accompanied the decision. If you believe the decision was based on discrimination, you may file a complaint of discrimination using this form, but even if we find that you were discriminated against, that would not mean that the decision on your claim for benefits would change. A decision can still be a correct application of the law even if the decision-maker was biased. The only way to get the benefits decision changed is to file an appeal of that decision. **(N)**

4. To the best of your recollection, on what date(s) did the alleged discrimination take place? 2/19/2011

On or about Jan thru Feb 2011 - 2/19/2011

5. Complaints must generally be filed within 180 days of the alleged discrimination. If the date of discrimination listed above is more than 180 days ago, you may request a waiver of the time limit for filing a complaint. If you wish to request a waiver, please explain why you waited until now to file your complaint.

6. Please tell us as clearly as possible what happened, why you believe it happened, and how you believe you were discriminated against. Identify the person(s) who were involved. Be sure to include how other persons were treated differently from you or the person whom you allege was discriminated against. Please use additional sheets if necessary and attach a copy of any written materials related to your complaint.

On or about Jan thru Feb the Plaintiff received threatening letters to terminate her disability assistance. The Plaintiff disability checks were terminated without due process of law and the Plaintiff's Civil rights were violated. The Plaintiff came into the office, and the office worker had the Plaintiff crying."

7. If you believe that you were retaliated against for filing or participating in a prior discrimination complaint, please explain the circumstances below. Be sure to explain what actions you took that you believe led to the retaliation.

I gave the Social Security Administration a complaint (see ext#1) attachment, the Defendants retaliated & stopped checks & cut payment count. The disability known the Plaintiff is homeless (see ext#2)

8. Please list the names, addresses, and phone numbers of any persons who may have witnessed, or have additional information about, the action(s) that are the subject of your complaint. If the person is an SSA employee, it is sufficient to give the employee's name and the name or location of the SSA office.

Name	Address	Phone Number
<u>The Plaintiff do not know the INTAKE WORKER NAME</u>		
<u>However it is in the SS records.</u>		

9. Did you write to or talk with any SSA official(s) about the actions you believe to be discrimination? If so, identify the official(s) and describe what happened.

This is the 2nd Complaint given to the SS Admin
I filed a complaint in Federal Court when it
happened & It was returned because I did
not include a cover sheet, so I am filing it
again

10. What, if any, remedy are you seeking for the alleged discrimination?

\$1 75,000.00 (Seventy Five thousand Dollars)

11A. Have you, or has the person discriminated against, filed a complaint about this matter with any other agency or organization? Yes No

11B. If yes, identify the name and location of the office(s) where the complaint was filed.

San Francisco District office

SD

Feb 8, 2011

11C. When was the complaint filed? on about JAN 15, 2011 ~~for 2011~~

MM/DD/YYYY

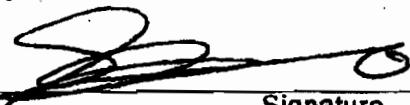
Feb 8, 2011

See Attached

12. How did you learn that you could file this complaint?

On the internet.

13. We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.



Signature

5/8/2011

Date

Please feel free to add additional sheets to explain your concerns to us.

We will need your consent to disclose your name to persons not employed by SSA, if this becomes necessary in the course of any investigation. Therefore, we will need a signed "Consent and Release Form" from you. The "Consent and Release Form" is located at page 5 of this form. If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a "Consent and Release Form" signed by that person. If it is not possible to provide a "Consent and Release Form" signed by that person, please explain why it is not.

Please review the "Notice about Investigatory Uses of Personal Information" for information about what use will be made of any information you provide us in connection with your complaint. The "Notice about Investigatory Uses of Personal Information" is located at pages 7 through 8 of this form. After reviewing the Notice, please sign the "Complainant Consent and Release Form." Please mail the completed, signed Discrimination Complaint form (pages 1 through 4) and the signed "Consent and Release Form" (page 5) to:

Social Security Administration
Civil Rights Complaint Adjudication Office
P.O. Box 17788
Baltimore, MD 21235-7788

Toll-free number: (866) 574-0374

Please make a copy of these forms for your records.