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7 Attorneys for Federal Defendant,
Social Security Administration
8

9 UNITED STATES DISTRICT COURT
10 NORTHERN DISTRICT OF CALIFORNIA

11 SHARON BRIDGEWATER,
12 Plaintiff,
13 v.
14 SOCIAL SECURITY ADMINISTRATION,
15 Defendant.
16

NO. CV 11-2828 JCS

AMENDED NOTICE
OF REMOVAL

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

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

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-

A 668

FILED

2011 JUN 10 P 3:35

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



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 //

23 //

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NOTICE OF REMOVAL

Bridgewater v. Social Security Administration -2-

A669

Sharon Bridgewater
965 Mission Street #409
San Francisco, CA 94103
IN PRO SE

ENDORSED
FILED
San Francisco County Superior Court

MAY 10 2011

CLERK OF THE COURT
BY: PARAM NATT
Deputy Clerk

SUPERIOR COURT OF CALIFORNIA
CITY AND COUNTY OF SAN FRANCISCO
UNLIMITED JURISDICTION

CGC-11-510850

Sharon Bridgewater,
Plaintiff.

Vs.

Social Security Administration
Defendants.

CASE No.

FIRST CAUSE OF ACTION
VIOLATION OF THE PLAINTIFF'S
CIVIL RIGHTS

SECOND CAUSE OF ACTION
INTENTIONAL INFLECTION OF
EMOTIONAL DISTRESS

Sharon Bridgewater vs. Social Security Administration

ALN

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

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

The defendants discriminated against the Plaintiff cut and terminated the Plaintiff's checks without due process of law. The Plaintiff gave the defendants this Complaint on Feb 8, 2011 at the San Francisco office. The defendants cut the Plaintiff's check, and had the Plaintiff "crying" in the office, and the defendants are discriminating against the Plaintiff because she is homeless and disabled and can't defend herself. The defendants retaliated because the Plaintiff gave the defendants the Complaint on Feb 8, 2011. Please turn to next page and see exh # 3.

5/8/2011 [Signature]

[Signature]

Sharon Bridgewater vs. Social Security Administration

19673

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 Plaintiff,

CASE No.

COMPLAINT FOR DAMAGES
AND INJUNCTIVE RELIEF

12 Vs.

15 The United States of America Social Security
16 Administration

17 Defendants,

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

27 RECEIVED
28 RICHARD W. KIRK
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

2011 FEB -8 PM 5:07

Complaint for Damages and Injunctive Relief

1674

GENERAL ALLEGATIONS

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

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

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

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

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

A675

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

6 7. The Defendants know, ARE AWARE the Plaintiff has a mental disability as defined
7 by the Social Security Administration, and is vulnerable, homeless, and "experiencing "extreme"
8 hardship and mental distress.
9

10 8. The Defendants actions are malicious, oppressive, willful, and intentional
11 with malice, forethought, and with reckless disregard, discriminatory AND
12 harassing. The Defendants actions constitute discriminatory threat and harassment. The
13 Plaintiff REFUSES TO BE ANOTHER VICTIM OF CRIME AND/OR MALICIOUS
14 PROSECUTION!!!!
15

16 8.5 The Plaintiff told the Social Security Administrator
17 she is going to sue for harassment + violation
18 of the ADA Act.
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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.

JURISDICTION AND VENUE

10. This federal court has personal jurisdiction over the Defendants because they are the United States Government. The Plaintiff brings this action under the VIOLATION OF THE REHABILITATION ACT, ADA, CA CIVIL RIGHTS ACT OF 1990, AND CIVIL RIGHTS OF PEOPLE WITH DISABILITIES ACT.

PARTIES

11. This federal court has personal jurisdiction over the Defendants because they are The United States Government. This court has jurisdiction for VIOLATION OF THE REHABILITATION ACT, ADA, CA CIVIL RIGHTS ACT OF 1990, and AND CIVIL RIGHTS OF PEOPLE WITH DISABILITIES ACT.

9674

**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. *The defendants discriminated and harassed the Plaintiff by sending letters.*

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, ^{and/or} special damages and ~~punitive~~ damages.

A679

**SECOND CAUSE OF ACTION
INTENTIONAL INFLICTION 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.

23. Bridgewater is entitled to compensatory ^{and/or} special damages and ~~punitive~~ damages.

A 660

PRAYER FOR RELIEF

WHEREFORE, plaintiff request judgment against Defendants as follows.

1. For General Damages and Special Damages, in the amount of \$75,000.00 (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

5/8/2011
Date: 2-8-2011

Complaint for Damages and Injunctive Relief

- 8 -

VERIFICATION

I Sharon Bridgewater Declare:

I am the Plaintiff in the above entitled action.

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

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

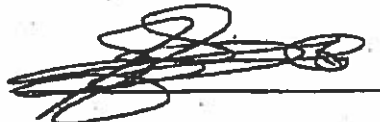
The same is true of my own knowledge.

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

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

Dated: 5/8/2011 ~~FEB. 8, 2011~~

At San Francisco, California


Sharon Bridgewater

A. Wong

Geh #1

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 *Quincy not 5/8/11*
For Period From 10/01/2010 to 04/07/2011

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
Next Door	11/03/2010
Next Door	11/04/2010
Next Door	11/05/2010
Next Door	11/06/2010
Next Door	11/07/2010
Next Door	11/08/2010
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Episcopal Sanctuary 01/18/2011
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Episcopal Sanctuary 04/05/2011

and still cannot find to date S. K. K. K.

8/6/88

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Exh #2+3

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

www.usad.uscourts.gov

Richard W. Wisking
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
2011 FEB 10 AM 10:03
HONORABLE WILKINS
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Sharon Bridgewater

Plaintiff,

vs.

Social Security Administration

Defendant.

CASE NO. _____

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(Non-prisoner cases only)

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

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

1. Are you presently employed? Yes X No _____

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

Gross: 0 Net: _____

Employer: _____

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 Yes ___ No X
8 self employment?
9 b. Income from stocks, bonds, Yes ___ No X
10 or royalties?
11 c. Rent payments? Yes ___ No X
12 d. Pensions, annuities, or Yes ___ No X
13 life insurance payments?
14 e. Federal or State welfare payments, Yes X No ___
15 Social Security or other govern-
16 ment source?

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 SSI
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


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10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☐ No ☒
Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

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

2/7/2011
DATE


SIGNATURE OF APPLICANT

A693

Social Security Administration Discrimination Complaint Form

Form Approved
OMB No. 0980-0585

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: "X National Origin: Vietnamese".)

<input checked="" type="checkbox"/> Disability: <u>Homelessness</u>	<input type="checkbox"/> Sex: _____
<input type="checkbox"/> Age: _____	<input type="checkbox"/> Sexual orientation: _____
<input type="checkbox"/> Race: _____	<input type="checkbox"/> Status as a parent: _____
<input type="checkbox"/> Color: _____	<input type="checkbox"/> Religion: _____
<input type="checkbox"/> National origin: _____	<input checked="" type="checkbox"/> Retaliation: _____
<input type="checkbox"/> Limited ability to speak English: _____	

- 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.

May

- 3G. 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? **2/10/2011**
On or about Jan thru Feb 2011 - 24 Feb 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 letter 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 nurse 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 exh #1) attachment, the Defendants retaliated stopped checks & cut payment amount. The disability knew the Plaintiff is homeless (see exh #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
The Plaintiff do not know the INTAKE WORKER NAME		
However it is in the SS records.		

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?

\$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

- 11C. When was the complaint filed?

on or about JAN 15, 2011

MM/DD/YYYY

Feb 9, 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.