

United States District Court
Western District Of Louisiana
Lafayette/ Opelousas Division

Ozer John Alexander Sr.
Full Name Plaintiff

Civil Action # 6:08-cv-0805

VS

Archie Paul Joseph
Defendant

Judge Doherty

Magistrate Judge Methvin

Motion Objecting to a Ruling

The Plaintiff is now submitting a Motion in pursuant Fed. R. Civ. P 46 objecting to Ruling due to in-conclusive ruling by the Court. The Court ruling has not stated any factual consideration or any grounds that actually justify for allegation presented by the Plaintiff. The Plaintiff is now also confirming that the decision made by Administrated Law Judge for Attorney Fees (\$4,125.00) is acceptable by the Plaintiff. **The Plaintiff argues that the assessment based upon the Attorney invoice is fraud and un-acceptable.** This is grounds for this Law Suit. The Court cannot rule that the Defendant is right and that the Plaintiff is wrong and failed to answer, to slander, theft, perjury deprivation of rights. clearly the reason why the Plaintiff demanded a Jury Trial. The Court has conducted discrimination by disbaring a helpless disabled person for failing to appear for an oral argument, and have rewarded an U.S. Attorney that has conducted Perjury. This is Oppressing. This Court has conducted discrimination by concealing critical filed documents, tort, judicial misconduct because of determination to dismiss a Class Action Law Suit in which Five Motions was denied as MOOT but the Court Stated that it was a Frivolous Law Suit. This is Confusing. Please note that if this Law Suit was Frivolous a Notice of Appeal should have been Denied. When allegations are made in a Court House, you don't simply say that he didn't do it and case is closed. A jury may have would have ruled in favor of the Plaintiff. There is no ruling in the

Social Security Act or U.S. Civil Code that allows an Attorney to present an Hourly summarized Invoice to an ALJ to get Paid for Representation Fees. There are certain rules that determines Attorney Fees and the Attorney Invoice certainly had no significance in the Disability Determination Decision. **What does this invoice mention about Mr. Alexander Mental**

Condition? It is now being Affirmed that if Mr. Alexander approach outside the Front of the District Court house and blow his head off, or harm other individuals, Judge Methvin and Judge Haik did it by depriving the Plaintiff of his Constitutional Rights. Judge Methvin your Judgment was 100% inaccurate and personal instead of professional. Judge Methvin your statement in reference the Class action Law Suit was wrong 100% Frivolous. **Judgment Methvin you claim that it was difficult to under stand Mr. Alexander allegations, then why was he granted a Jury Trial? Judge Methvin should Mr. Alexander file another Law Suit of Judicial**

Misconduct? This ill person have had several nightmares and several visual episodes of setting a Judge on fire and have no knowledge who this Judge is. Mr. Alexander appears to be a normal person when viewed in person.

Mr. Alexander is not allowed to defend himself in this Court, but the Court will defend opposing parties who have violated Mr. Alexander Rights. This is Hate Crimes!!!!!!!!!!!!!!!!!!!!!!

Forever "neglected", traumatized, discriminated, deprived, insulted, and abused by "Abusive Power"

Exhibits attached is unconstitutional and deprives citizens of the Louisiana the Rights as other States. It is documented in the Federal Register a Proposal for Disability determination procedures by eliminating the reconsideration although appeal and wait three year or more to see ALJ to determined if you are Disabled. It has been Stated that Disabled Applicants in the State of Louisiana suffer or die before being determined disabled. The Class Action Law Suit was to defend the rights of the people Louisiana. It was noted that Forty Six States did not follow that type of Procedure since 2001.

A Motion for Judgment by default was entered prior to Sanctions.

Cory J. Alexander 01/09/2009

INSTRUCTIONS FOR USING THIS PETITION

Any attorney or other representative who wants to charge or collect a fee for services, rendered in connection with a claim before the Social Security Administration (SSA), is required by law to first obtain SSA's approval of the fee [sections 206(a) and 1631(d)(2) of the Social Security Act (42 U.S.C. 406(a) and 1383(d)(2)) and sections 404.1720 and 416.1520 of Social Security Administration Regulations Numbers 4 and 16, respectively.]

The only exceptions are if the fee is for services rendered (1) when a nonprofit organization or government agency pays the fee and any expenses out of funds which a government entity provided or administered and the claimant incurs no liability, directly or indirectly, for the cost of such services and expenses; (2) in an official capacity such as that of legal guardian, committee, or similar court-appointed office and the court has approved the fee in question; or (3) in representing the claimant before a court of law. A representative who has rendered services in a claim before both SSA and a court of law may seek a fee from either or both, but generally neither tribunal has the authority to set a fee for services rendered before the other [42 U.S.C. 406(a) and (b)].

When to File a Fee Petition

The representative should request fee approval only after completing all services (for the claimant and any auxiliaries). The representative has the option to petition either before or after SSA effectuates the determination(s).

In order to receive direct payment of all or any part of an authorized fee from past-due benefits, the attorney representative or non-attorney representative whom SSA has found eligible to receive direct payment should file a request for fee approval, or written notice of intent to file a request **within 60 days** of the date of the notice of the favorable determination is mailed. When there are multiple claims on one account and the attorney or non-attorney will not file the petition within 60 days after the mailing date of the first notice of favorable determination, he or she should file a written notice of intent to file a request for fee approval within the 60-day period.

Where to File the Petition

The representative must first give the "Claimant's Copy" of the SSA-1560-U4 petition to the claimant for whom he or she rendered services, with a copy of each attachment. The representative may then file the original and third carbon copy, the "OHA Copy," of the SSA-1560-U4, and the attachment(s), with the appropriate SSA office:

- If a court or the Appeals Council issued the decision, send the petition to the Office of Hearings and Appeals. Attention: Attorney Fee Branch, 5107 Leesburg, Pike, Falls Church, VA 22041-3255.
- If an Administrative Law Judge issued the decision, send the petition to him or her using the hearing office address.
- In all other cases, send the petition to the reviewing office address which appears at the top right of the notice of award or notice of disapproved claim.

Evaluation of a Petition for a Fee

If the claimant has not agreed to and signed the fee petition, SSA does not begin evaluating the request for 30 days. SSA must decide what is a reasonable fee for the services rendered to the claimant, keeping in mind the purpose of the social security or supplemental security income program. When evaluating a request for fee approval, SSA will consider the (1) extent and type of services the representative performed; (2) complexity of the case; (3) level of skill and competence required of the representative in giving the services; (4) amount of time he or she spent on the case; (5) results achieved; (6) levels of review to which the representative took the claim and at which he or she became the representative; and (7) amount of fee requested for services rendered, including any amount authorized or requested before but excluding any amount of expenses incurred.

SSA also considers the amount of benefits payable, if any, but authorizes the fee amount based on consideration of all the factors given here. The amount of benefits payable in a claim is determined by specific provisions of law unrelated to the representative's efforts. Also, the amount of past-due benefits may depend on the length of time that has elapsed since the claimant's effective date of entitlement.

Disagreement

SSA notifies both the representative and the claimant of the amount which it authorizes the representative to charge. If either or both disagree, SSA will further review the fee authorization when the claimant or representative sends a letter, explaining the reason(s) for disagreement, to the appropriate office **within 30 days** after the date of the notice of authorization to change and receive a fee.

Collection of the Fee

Basic liability for payment of a representative's approved fee rests with the client. However, SSA will assist in fee collection when the representative is an attorney or a non-attorney whom SSA has found eligible to receive direct payment, and SSA awards the claimant benefits under Title II or Title XVI of the Social Security Act. In these cases, SSA generally withholds 25 percent of the claimant's past-due benefits. Once the fee is approved, SSA pays the attorney or the eligible non-attorney from the claimant's withheld funds. **This does not mean that SSA will approve as a reasonable fee 25 percent of the past-due benefits.** The amount payable to the attorney or eligible non-attorney from the withheld benefits is subject to the assessment required by section 206(d) and 1631(d)(2)(C) of the Social Security Act, and it is also subject to offset by any fee payment(s) the attorney or eligible non-attorney has received or expects to receive from an escrow or trust account. If the approved fee is more than the amount of the withheld benefits, collection of the difference is a matter between the attorney or eligible non-attorney and the client.

SSA will not pay a fee from withheld past-due benefits when the authorized fee is for an attorney or non-attorney who was discharged by the client or who withdrew from representing the client.

Penalty for Charging or Collecting an Unauthorized Fee

Any individual who charges or collects an unauthorized fee for services provided in any claim, including services before a court which has rendered a favorable determination, may be subject to prosecution under 42 U.S.C. 406 and 1383 which provide that such individual, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500, by imprisonment not exceeding one year, or both.

Computer Matching

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Notice of Proposed Rulemaking

Policy Site [Rulemaking](#) **This** [Search](#) [Help](#)
Home [Rule](#)

New Disability Claims Process

Date posted: **04/10/2001**
Comment period opens: **01/19/2001**
Comment period closes: **03/20/2001**
Summary And Background:

We are proposing to revise our regulations that pertain to the processing of initial claims for disability benefits under title II (Social Security Disability Insurance) and title XVI (Supplemental Security Income) of the Social Security Act (the Act). The proposed rules would incorporate modifications to our administrative review process and disability determination procedures based on testing that we are conducting. The changes, which would apply to initial applications for disability benefits, would: (1) permit disability examiners in our State agencies the flexibility to decide whether input from a medical or psychological consultant is needed to make a disability determination, so that our State agencies may use the expertise of the disability examiners and medical and psychological consultants more effectively; (2) provide claimants with an opportunity for an informal disability conference with the adjudicators of their claims at the initial level in cases in which it appears that the evidence does not support a fully favorable determination; and, (3) eliminate the reconsideration step of the administrative review process. We plan to phase in these changes over a period of 1 year until they apply in every State.

Note: Comments received in response to this Notice of Proposed Rulemaking are not available in electronic form because this Notice of Proposed Rulemaking was published prior to the inception of this online forum.

Text of this proposed rule available for download:



[rin0360_al44.htm](#)

[Federal Register: June 24, 2002 (Volume 67, Number 121)]

[Notices]

[Page 42594-42595]

From the Federal Register Online via GPO Access [wais.access

[DOCID:fr24jn02-104]

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SOCIAL SECURITY ADMINISTRATION

Modifications to the Disability Determination Procedures;
Extension of Testing of Some Disability Redesign Features

AGENCY: Social Security Administration (SSA)

ACTION: Notice of the extension of tests involving modificat
disability determination procedures.

SUMMARY: We are announcing the extension of tests involving
modifications to our disability

SOCIAL SECURITY ADMINISTRATION
RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE
Notice of Disapproved Claim

42 U.S.C. 1983
42 U. S. C. 1981a
18 U. S. C. 242
FRE Rule 406

DATE: 11 28 05

Claim Number: 439-21-6821

OZER JOHN ALEXANDER
506 10TH ST
BREAUX BRIDGE, LA 70517

We are writing about your claim for Social Security disability benefits. Based on a review of your health problems you do not qualify for benefits on this claim. This is because you are not disabled under our rules.

The Decision on Your Case

The following report(s) was/were used to decide this claim:

SAMIR SALAMA MD report received 09/09/2005
CYPRESS HOSPITAL - No report received 42 U.S.C. 1981/ 42 U.S.C. 1983/ 42 U.S.C. 1986
VERMILION HOSP FOR PSYCHIATRY report received 09/09/2005
SANDRA B DURDIN PH D report received 11/14/2005 42 U.S.C. 1986

You said that you became disabled on 12/31/2001 because of mental illness.

FRE Rule 406

The medical evidence shows you have some problems with mental illness. However, you are able to think, communicate and care for your personal needs. Medical evidence shows you should be able to perform simple types of low-stress tasks. We realize that your condition prevents you from doing any of your past work, but it does not prevent you from doing work which is less demanding.

FRE Rule 406

Based on your age (46), education (12) and past work experience, you can do other work.

FRE Rule 406

We have determined that your condition is not severe enough to keep you from working. We considered the medical and other information, your age, education, training, and work experience in determining how your condition affects your ability to work.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

ABOUT THE DECISION

The trained staff who decided this case work for the state but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in this case.

RULES FOR SOCIAL SECURITY DISABILITY

You must meet certain rules to qualify for disabled worker's Social Security benefits. You must meet the required work credits and your health problems must:

439-21-6821 OZER JOHN ALEXANDER

- keep you from doing any kind of substantial work (described below), and
 - last, or be expected to last, for at least 12 months in a row, or result in death.
- 42 U.S.C. 1983 42 U.S.C. 242

INFORMATION ABOUT SUBSTANTIAL WORK

Generally, substantial work is physical or mental work a person is paid to do. Work can be substantial even if it is part-time. To decide if a person's work is substantial, we consider the nature of the job duties, the skills and experience needed to do the job, and how much the person actually earns.

Usually, we find that work is substantial if gross earnings average over \$830 per month after we deduct allowable amounts. This monthly amount is higher for Social Security disability benefits due to blindness.

Plaintiff Annual Income \$1300.00 42 U.S.C. 1981/ 42 U.S.C. 1983/ 42 U.S.C. 1986
A person's work may be different than before his/her health problems began. It may not be as hard to do, and the pay may be less. However, we may still find that the work is substantial under our rules.

If a person is self-employed, we consider the kind and value of his/her work, including his/her part in the management of the business, as well as income, to decide if the work is substantial.

42 U.S.C. 1981

OTHER BENEFITS

Based on the application you filed you are not entitled to any other benefits besides those you may already be getting. In the future, if you think you may be entitled to benefits, you will need to file again.

IF YOU DISAGREE WITH THE DECISION

If you disagree with this decision, you have the right to request a hearing. We will review your case and consider any new facts you have. A person who has not seen your case before will look at it.

- You have 60 days to ask for a hearing.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for a hearing in writing. We will ask you to sign a form **HA-501-05** called "Request for Hearing." You may complete this form online at <http://www.socialsecurity.gov/online/ha-501.pdf>. Contact one of our offices if you want help.

SSA-3441-BK HA-501-05

42 U.S.C. 1983/ 42 U.S.C. 1981

- In addition, you have to complete a "Disability Report-Appeal" to tell us about your medical condition since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete this report online at <http://www.socialsecurity.gov/disability/hearing>.

42 U.S.C. 1981/ 42 U.S.C. 1986/ 42 U.S.C. 1983

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Claim." It contains more information about the hearing.

FROM THE SOCIAL SECURITY ADMINISTRATION

439-21-6821
439-21-6821
-21-6821

OFFER JOHN ALEXANDER
OFFER JOHN ALEXANDER

SOCIAL SECURITY ADMINISTRATION

DISABILITY REPORT-APPEAL

Statues:
18 U.S.C. 514
42 U.S.C. 1981
42 U.S.C. 1983

For SSA Use Only
Do not write in this box.

Related SSN _____

Number Holder _____

Date of Last Disability Report _____

Individual is filing: Reconsideration Reconsideration for Disability Request for ALJ Hearing Cessation

SECTION 1- INFORMATION ABOUT THE DISABLED PERSON

A. NAME (First, Middle Initial, Last) _____

B. SOCIAL SECURITY NUMBER _____

C. DAYTIME TELEPHONE NUMBER (If you do not have a number where we can reach you, give us a daytime number where we can leave a message.)

_____ Your Number Message Number None

Area Code _____ Number _____

D. Give the name of a friend or relative that we can contact (other than your doctors) who knows about your illnesses, injuries, or conditions and can help you with your claim or case.

NAME _____ RELATIONSHIP _____

ADDRESS _____
(Number, Street, Apt. No. (if any), P.O. Box, or Rural Route.)

City _____ State _____ ZIP _____ DAYTIME PHONE _____
Area Code _____ Number _____

SECTION 2- INFORMATION ABOUT YOUR ILLNESSES, INJURIES, OR CONDITIONS

A. Has there been any change (for better or worse) in your illnesses, injuries, or conditions since you last completed a disability report? Yes No

If "Yes," please describe in detail: _____

Approximate date the changes occurred:

Month	Day	Year

B. Do you have any new physical or mental limitations as a result of your illnesses, injuries, or conditions since you last completed a disability report? Yes No

If "Yes," please describe in detail: _____

Approximate date the changes occurred:

Month	Day	Year

Help Us Keep Your Earnings Record Accurate

You, your employer and Social Security share responsibility for the accuracy of your earnings record. Since you began working, we recorded your reported earnings under your name and Social Security number. We have updated your record each time your employer (or you, if you're self-employed) reported your earnings.

Remember, it's your earnings, not the amount of taxes you paid or the number of credits you've earned, that determine your benefit amount. When we figure that amount, we base it on your average earnings over your lifetime. If our records are wrong, you may not receive all the benefits to which you are entitled.

▼ **Review this chart carefully** using your own records to make sure our information is correct and that we've recorded each year you worked. You're the only person who can look at the earnings chart and know whether it is complete and correct.

Some or all of your earnings from last year may not be shown on your *Statement*. It could be that we still were processing last year's earnings reports

when your *Statement* was prepared. Your complete earnings for last year will be shown on next year's *Statement*. **Note:** If you worked for more than one employer during any year, or if you had both earnings and self-employment income, we combined your earnings for the year.

▼ **There's a limit on the amount of earnings on which you pay Social Security taxes each year.** The limit increases yearly. Earnings above the limit will not appear on your earnings chart as Social Security earnings. (For Medicare taxes, the minimum earnings amount began rising in 1991. Since 1994, all of your earnings are taxed for Medicare.)

▼ **Call us right away at 1-800-772-1213 (7 a.m. - 7 p.m. your local time)** if any earnings for years before last year are shown incorrectly. If possible, have your W-2 or tax return for those years available. (If you live outside the U.S., follow the directions at the bottom of Page 4.)

Your Earnings Record at a Glance

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1975	\$ 12	\$ 12
1976	19	19
1977	277	277
1978	7,018	7,018
1979	5,883	5,883
1980	13,945	12,945
1981	14,091	14,091
1982	13,522	13,522
1983	14,893	14,893
1984	18,657	18,657
1985	17,155	17,155
1986	20,479	20,479
1987	23,098	23,098
1988	22,089	22,089
1989	21,967	21,967

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1990	\$ 21,011	\$ 21,011
1991	19,971	19,971
1992	20,409	20,409
1993	20,003	20,003
1994	21,582	21,582
1995	18,113	18,113
1996	20,532	20,532
1997	24,324	24,324
1998	22,127	22,127
1999	30,872	30,872
2000	21,503	21,503
2001	30,398	30,398
2002	844	844
2003	1,416	1,416
2004	1,686	1,686

42 U.S.C. 1983 42 U.S.C. 1981

Claim # 439-21-6821

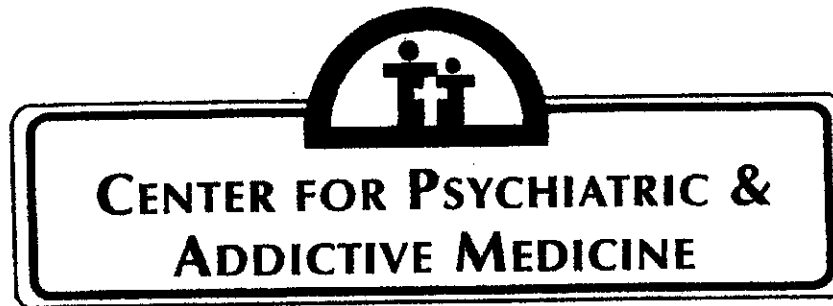
Local field Office granted (2002-2006)

Adjudication and Review Denied and granted (2005-2006)

Total Social Security and Medicare taxes paid over your working career through the last year reported on the chart above:

Estimated taxes paid for Social Security:	Estimated taxes paid for Medicare:
You paid: \$28,021	You paid: \$6,592
Your employers paid: \$27,533	Your employers paid: \$6,479

Notes: For earnings up to 9 percent of your earnings up to \$60,000, Social Security taxes are 6.2 percent. For earnings above \$60,000, Social Security taxes are 6.2 percent on the first \$60,000 and 2.9 percent on the excess. Medicare taxes are 1.45 percent on all earnings. For earnings up to 9 percent of your earnings up to \$60,000, Medicare taxes are 1.45 percent. For earnings above \$60,000, Medicare taxes are 1.45 percent on the first \$60,000 and 0.9 percent on the excess. Social Security taxes are 6.2 percent on the first \$60,000 and 2.9 percent on the excess. Medicare taxes are 1.45 percent on all earnings.



October 22, 2007

RE: Ozer Alexander

To Whom It May Concern:

I am writing this letter to inform you that Mr. Alexander is a patient of mine and has been since April of 2001. He carries a diagnosis of Major Depression, Recurrent, Severe with Psychotic Features and takes the medication of Effexor XR 150 mg two in the morning, Invega 3 mg one at night and Lexapro 10 mg one a day. He was last seen September 19, 2007 and presented with mild depression. He is seen every one to four months for medication management.

If I can be of further assistance, please do not hesitate to contact my office at 337-233-2400.

Sincerely,


Samir Salama, MD

SS:lg

Social Security Online

Notice of Class Action



October 2008 - Notice of Class Action

(Aquí en Español)

This notice contains important information for you: (Printer friendly version) 

IF You apply for or receive retirement, survivors, or disability insurance benefits or Supplemental Social Security Income (SSI) payments from Social Security;

OR IF You are the representative payee for an individual who receives Social Security benefits or SSI;

AND You have a visual impairment that substantially limits your ability to see, so that you require materials to be in an accessible format in order to participate in these programs.

A federal court has authorized a class action lawsuit against the Social Security Administration (SSA) on behalf of people with visual impairments who require communications from SSA to be in an accessible format in order to participate in the Social Security or SSI programs. The court has authorized two classes: If you have a visual impairment that substantially limits the major life activity of seeing and you (1) apply for or are receiving Social Security or SSI benefits, or (2) are the representative payee for a Social Security beneficiary or SSI recipient, then you are a member of at least one of the two classes. This means that the court's decision in this case may affect your rights. The case, called American Council of the Blind v. Astrue, No. C05-04696, is pending in the Federal district court in San Francisco, California.

The plaintiffs are asking the court to find that SSA has violated a federal law called the Rehabilitation Act. The Rehabilitation Act says disabled individuals cannot be denied meaningful access to Federal programs and benefits. Plaintiffs, who include the American Council of the Blind, are asking the court to order SSA to provide communications in alternative formats such as Braille, large print, electronic mail, computer disk, and audio recording to make sure that people with visual impairments have meaningful access to SSA's programs. This case does *not* include any claims for

money damages.

This notice tells you about your right to intervene in this case, submit comments, and how to contact plaintiffs' class counsel. You do not have to intervene or take any action in response to this notice in order to be included in the class or affected by the outcome of the case. If you want to intervene or have questions about this case, you should contact class counsel listed below at either the toll-free 800 number or the email provided at the end of this notice by December 31, 2008.

The court would like maximum input from the class members. The same number and email may be used to provide class counsel with suggestions about how SSA can effectively communicate with people who have visual impairments. You should give class counsel your comments by December 31, 2008.

Please do not telephone the court, the court clerk's office, or SSA for information about this case. If you require this notice in an alternative format such as Braille, large font print, audio recording or computer disk, please leave your name, request and delivery address at the number or email listed below.

ARLENE B. MAYERSON
SILVIA YEE
DISABILITY RIGHTS EDUCATION
AND DEFENSE FUND, INC. (DREDF)
Telephone: 1-800-348-4232
E-Mail: ssaclassaction@dredf.org

[USA.gov](http://www.usa.gov)

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Last reviewed or modified Friday Nov 14, 2008

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