

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

RICARDO JOSE CALDERÓN LÓPEZ,)
Plaintiff,)
v.) Case No. 19-cv-1851 (KBJ/GMH)
ANDREW SAUL)
Commissioner of Social Security,)
Defendant.)

ORDER

This matter has been assigned to the undersigned for full case management. Currently before the Court are Plaintiff's motions: (1) for partial reconsideration of Judge Contreras' order denying without prejudice Plaintiff's motion for a CM/ECF password (ECF No. 8), and (2) declining magistrate judge jurisdiction (ECF No. 9). Both motions are denied.

Plaintiff's motion for partial reconsideration fails to correct the deficiency Judge Contreras addressed when he denied Plaintiff's initial request for CM/ECF credentials. That is, Plaintiff's request does not conform with Local Civil Rule 5.4. That rule states, in relevant part:

To obtain leave of Court, the pro se party must file a written motion entitled "Motion for CM/ECF User Name and Password," describing the party's access to the internet, confirming the capacity to file documents and receive filings electronically on a regular basis, and certifying that he or she either has successfully completed the entire Clerk's Office on-line tutorial or has been permitted to file electronically in other federal courts.

LCvR 5.4(b)(2). If Plaintiff desires CM/ECF access, he must file a written motion that meets these requirements.

Plaintiff's motion purporting to decline magistrate judge jurisdiction is also without merit. Judge Jackson has referred this case to the undersigned for full case management—that is, for all

nondispositive motions. This referral is authorized under 28 U.S.C. § 636(b)(1)(A), Federal Rule of Civil Procedure 72(a), and Local Civil Rule 72.3(a). It does not require Plaintiff's consent. Accordingly, it is hereby

ORDERED that Plaintiff's motion for partial reconsideration (ECF No. 8) is **DENIED**. It is further

ORDERED that Plaintiff's motion declining magistrate judge jurisdiction (ECF No. 9) is also **DENIED**.

SO ORDERED.

Date: August 26, 2019

G. MICHAEL HARVEY
UNITED STATES MAGISTRATE JUDGE

Received 11/12/13

Exhibit A

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Disability Cessation

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: November 12, 2013
Claim Number: 596-18-7201HA

Appendix B
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RICARDO J
CALDERON LOPEZ
17250 SUNSET BLVD
APT 317
PACIFIC PALISADES CA 90272-3007

We are writing to tell you that you no longer qualify for disability benefits beginning November 2013.

Your Benefits

You no longer qualify for benefits beginning November 2013.

Information About Medicare

Since you are no longer entitled to monthly Social Security benefits, we are stopping your hospital insurance coverage under Medicare. Your hospital insurance coverage ends on the last day of October 2013. Your Medicare card will no longer be valid after coverage ends, so please tear it up.

Things To Remember

If you think you are again disabled according to our rules before you reach full retirement age 67, you should apply again for disability benefits.

Do You Think We Are Wrong?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of the decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.

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- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.



If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-964-4779. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
SUITE 300
11500 W OLYMPIC BLVD
LOS ANGELES CA 90064

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

SOCIAL SECURITY ADMINISTRATION
RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE
Notice of Reconsideration

Exhibit A

Appendix C

Telephone: (866) 964-4779
Date: March 19, 2014
Claim Number: 596-18-7201HA

RICARDO J CALDERON LOP
17250 SUNSET BLVD
APT 317
PACIFIC PALISAD CA 90272-3007

We're writing to let you know that we have made a disability hearing decision on your case.

Our Decision

We find that you are no longer entitled to benefits.

The hearing decision is attached to this letter. Our decision deals only with whether you are disabled.

If you agree with our decision, you don't have to do anything.

If You Disagree With The Decision

If you disagree with the decision, you have the right to request a hearing. A person who has not seen your case before will look at it. That person is an Administrative Law Judge (ALJ). The ALJ will review your case and consider any new facts you have before deciding your case.

- You have 60 days to ask for a hearing.
- The 60 days start the day after you receive this letter. We assume you got this letter 5 days after the date on it unless you show that you did not get it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for a hearing.
- You have to ask for a hearing in writing. We will ask you to sign a Form HA-501-U5, called "Request for Hearing." Contact one of our offices if you



SOCIAL SECURITY ADMINISTRATION

Refer To: 596-18-7201

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Office of Disability Adjudication and Review
Suite 400
12121 Wilshire Blvd
Los Angeles, CA 90025-9668

Date: August 27, 2015

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Ricardo J Calderon-Lopez
P. O. Box 352
Pacific Palisades, CA 90272

Notice of Dismissal

I am dismissing your request for a hearing. Please read this notice and the enclosed Order of Dismissal.

If You Disagree With My Order Of Dismissal

If you disagree with my order, you may file an appeal with the Appeals Council. You may also ask me to vacate, or set aside, my order. Asking me to vacate my Order of Dismissal does not extend your time to file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal, you must ask in writing that the Appeals Council review my Order of Dismissal. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Form HA-L41 (11-2011)

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline
at 1-800-269-0271 (TTY 1-866-501-2101).

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Please send your request to:

**Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255**

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Time Limit To File An Appeal

You must file your written appeal within 60 days of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence with your appeal. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider whether your case should have been dismissed. It may consider your entire case. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J). The Appeals Council may review my order of dismissal for reasons not stated in your appeal.

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do.

When There Is No Appeals Council Review

If you do not appeal, the Appeals Council does not review my Order of Dismissal on its own, and I do not set aside my order, the action upon which you requested a hearing cannot be changed except under special circumstances.

Your Right To Representation In An Appeal

If you appeal, you may choose to have an attorney or other person help you. Many

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Form HA-1.41 (11-2011)

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representatives do not charge a fee unless you win your appeal. Groups are available to help you find a representative or, if you qualify, to give you free legal services. Your local Social Security office has a list of groups that can help you in this process.

If you get someone to help you with your appeal, you or that person must let the Appeals Council know. If you hire someone, we must approve the fee before he or she is allowed to collect it.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and Order of Dismissal with you. The telephone number of the local office that serves your area is (866)964-4779. Its address is:

Social Security
11500 W Olympic Blvd
Suite 300
Los Angeles, CA 90064-1528

Sally C. Reason
Administrative Law Judge

Enclosures:

Form HA-L41-SP (Spanish Notice)
Decision Rationale

Form HA-L41 (11-2011)

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SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

<u>IN THE CASE OF</u>	<u>CLAIM FOR</u>
Ricardo J Calderon-Lopez (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner)	596-18-7201 (Social Security Number)

ORDER OF DISMISSAL

This case is before the undersigned on a request for hearing dated May 8, 2014. The claimant is unrepresented in this matter.

An Administrative Law Judge may dismiss a request for hearing if neither the claimant nor the person designated to act as the claimant's representative appears at the time and place set for the hearing; if the claimant has been notified before the time set for the hearing that his request for hearing may be dismissed without further notice if he did not appear at the time and place of hearing; and if good cause has not been found by the Administrative Law Judge for the claimant's failure to appear (20 CFR 404.957(b)(1)(i)). In determining good cause, the Administrative Law Judge will consider any physical, mental, education, or linguistic limitations (including any lack of facility with the English language) the claimant may have (20 CFR 404.957(b)(2)).

A Notice of Hearing was mailed to the claimant on June 18, 2015 at his last known address advising him of the time and place of hearing (Exhibit B-16B). The Notice of Hearing contained an explanation of the procedures for requesting a change in the time and place of the claimant's hearing and a reminder that failing to appear at his scheduled hearing without good cause could result in dismissal of the claimant's request for hearing. The Notice of Hearing also asked the claimant to return the enclosed Acknowledgement of Receipt (Notice of Hearing) form to let the Hearing Office know that he had received the notice.

The claimant did not return the Acknowledgment of Receipt (Notice of Hearing) form. Accordingly, an attempt was made to contact the claimant as required by 20 CFR 404.938.

On August 5, 2015, the Hearing Office unsuccessfully attempted to contact the claimant by phone to again advise him of the date, time and place of his scheduled hearing (Exhibit B-17B). Additionally, the Hearing Office mailed the claimant a Notice of Hearing Reminder on August 12, 2015 (Exhibit B-18B).

The claimant did not appear at the hearing.

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The undersigned has considered the factors set forth in 20 CFR 404.957(b)(2) and finds that there is no good cause for the claimant's failure to appear at the time and place of hearing.

Accordingly, the request for hearing dated May 8, 2014 (Exhibit B-13B) is dismissed and the determination dated March 19, 2014 remains in effect (B-10B).

Is/ Sally C. Reason

Sally C. Reason
Administrative Law Judge
August 27, 2015

Date

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