

**UNITED STATES DISTRICT COURT
FOR THE
NORTHERN DISTRICT OF NEW YORK**

**FORM COMPLAINT FOR APPEAL OF A DECISION
BY THE COMMISSIONER OF SOCIAL SECURITY**

Plaintiff
V. Civil Action No. 6: ___ CV ___
Commissioner of Social Security
Defendant

The above-named plaintiff makes the following representations to this Court for the purpose of obtaining judicial review of a decision of the defendant adverse to the plaintiff:

1. The plaintiff (whose Social Security Account No. is _____) is a resident of (City) _____, (State) _____.

2. The plaintiff complains of a decision which adversely affects the plaintiff in whole or in part. The decision has become the final decision of the Commissioner for purposes of judicial review and bears the following caption:

In the case of _____	Claim for _____
_____	_____
(Claimant)	
_____	_____
(Wage Earner)	(Social Security Number)

(A copy of the Action of the Appeals Council is attached to this Complaint.)

3. The plaintiff has exhausted administrative remedies in this matter and this Court has jurisdiction for judicial review pursuant to 42 U.S.C. Section 405(g).

WHEREFORE, plaintiff seeks judicial review by this Court and the entry of a judgment for such relief as may be proper, including costs.

_____	Signature of Attorney or Plaintiff Pro Se
Date	_____
_____	Address of Attorney or Plaintiff Pro Se
Attorney Bar Roll Number: _____	Telephone No. _____