

UNITED STATES DISTRICT COURT  
FOR THE  
NORTHERN DISTRICT OF NEW YORK

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

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Plaintiff  
V.  
Commissioner of Social Security  
Defendant

Civil Action No 6: \_\_\_\_-CV-\_\_\_\_

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

1. The plaintiff is a resident of (city) \_\_\_\_\_, in the State of \_\_\_\_\_ . The last four digits of the Plaintiffs social security number are \_\_, \_\_, \_\_, \_\_.
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)	(Last 4 digits of Social Security Number)

3. A copy of the Action of the Appeals Council is attached to this Complaint.
4. The plaintiff has exhausted administrative remedies in this matter and this Court has jurisdiction for judicial review pursuant to 42 U.S.C. § 405(g).

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

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney of Plaintiff Pro Se

\_\_\_\_\_  
Address of Attorney or Plaintiff Pro Se

Attorney Bar Roll Number \_\_\_\_\_