

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 : ____-CV-_____
Commissioner of Social Security
Defendant

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)

(Last 4 digits of Social Security Number)

(Wage Earner)

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 or Plaintiff Pro Se

Address of Attorney or **Plaintiff Pro Se

Attorney Bar Roll Number _____

****Pro Se plaintiff(s) shall only provide City and State**