

United States District Court
Western District of Tennessee

(In the space above enter the full name of the plaintiff)

-against-

Case No. _____
(To be filled out by Clerk's Office
only)

COMMISSIONER OF SOCIAL SECURITY

**COMPLAINT FOR JUDICIAL REVIEW OF SOCIAL SECURITY
DECISION**

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

- I. Plaintiff is a resident of the County of _____ and the State of _____
_____. The last four digits of the Plaintiff's social security number are _ _ _ _.
- II. Plaintiff complains that the Commissioner's final decision dated ___ / ___ / ___ adversely affects the plaintiff in whole or in part. Attached is the Commissioner's final decision notifying plaintiff of right to sue, which bears the following caption:

Name of Claimant

Claim for (Disability, Survivor's Benefits,
Etc.)

Name of Wage Earner

Last four digits of Wage Earners Social
Security Number

III. Please check the type of claim you are filing.

Claim Type		For Clerk's Office Use Only
<input type="checkbox"/>	Disability Insurance Benefits Claim (Title II)	COA: 42:0405id NOS: 864
<input type="checkbox"/>	Supplemental Security Income Claim (Title XVI)	COA: 42:1383 NOS: 863/864
<input type="checkbox"/>	Child Disability Claim	COA: 42:0405wc NOS: 863
<input type="checkbox"/>	Widow or Widower Claim	COA: 42:0405ww NOS: 863

IV. Please check **one** of the three options below, whichever is applicable to your case and fill in the appropriate blanks:

- If you were granted disability benefits but you disagree with the ONSET DATE, check this box, complete this section and proceed to section V.

Plaintiff was found disabled by the Social Security Administration on ___/___/___ . The plaintiff alleges that his/her disability began on ___/___/___ (date of alleged onset of disabling condition).

- If you were granted disability benefits but these were LATER TERMINATED OR REDUCED, check this box, complete this section and proceed to section V.

Plaintiff was found disabled by the Social Security Administration on ___/___/___ . This disability was found to have begun on ___/___/___ (date of disabling condition) and plaintiff was granted disability benefits which started on ___/___/___ (date of first payment). Subsequently, plaintiff's benefits were (*circle one*) terminated / reduced, effective ___/___/___ (date of termination or reduction in amount of payment).

- If your initial application for disability benefits was DENIED, check this box and proceed to section V.

V. Following the Social Security Administration action identified in section IV above, plaintiff requested a hearing, and on ___/___/___ (date of hearing), a hearing was held before an Administrative Law Judge which resulted in a denial of plaintiff's claim on ___/___/___ (date of ALJ decision) or in a finding of a disability at a date later than plaintiff's claimed date of disability.

VI. The decision of the Administrative Law Judge was referred to the Appeals Council and the decision was (*check one*):

- AFFIRMED
- REVERSED IN PART

Date of decision: ___ / ___ / ___.

Plaintiff received the decision from the Appeals Council on ___ / ___ / ___.

You must attach a copy of the decision of the Appeals Council to this complaint. Failure to attach a copy of the decision of the Appeals Council may result in your complaint being dismissed for failure to exhaust your administrative remedies.

VII. Plaintiff has exhausted administrative remedies in this matter and this court has jurisdiction for judicial review pursuant to 42 U.S.C § 405(g) and/or 1383(c)(3).

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

VIII. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. **I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.**

Dated

Plaintiff's Signature

Printed Name (Last, First, MI)

Address City State Zip Code

Telephone Number

E-mail Address (if available)