## **United States District Court**

# for the NORTHERN DISTRICT OF ALABAMA

Plaintiff, (Write your full name. No more than one plaintiff may be named in a pro se complaint)	<pre>} } } } } } </pre>	
v.	<pre>} } Case No.:_ } } } } } </pre>	(to be filled in by the Clerk's Office)
Defendant. (Write the full name of the current Commissioner of the Social Security Administration. Do not include addresses here.	} } } } }	

# COMPLAINT FOR REVIEW OF A SOCIAL SECURITY DISABILITY OR SUPPLEMENTAL SECURITY INCOME DECISION

### **NOTICE**

Federal Rules 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.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**Date** 

# I. The Parties to This Complaint

A.	The Plaintiff				
	Provide the information below for the plaintiff named in the complaint. Attach				
	additional pages if needed.				
	Name				
	Street Address				
	City and County				
	State and Zip Code				
	Telephone Number				
	E-mail Address				
	Last Four Digits of Your Social Security Number				
_	(Do not include full number)				
В.	The Defendant				
	Provide the information below for each defendant named in the complaint. Attack				
	additional pages if needed.				
	Defendant (The current Commissioner of the Social Security Administration)				
	Name				
	Street Address				
	City and County				
	State and Zip Code  (Regional Office of the Social Security Administration General Counsel)				
	Telephone Number				
	E-Mail Address (if known)				
	☐ Check here to receive electronic notice through the e-mail listed				
	above. By checking this box, the undersigned consents to electronic				
	service and waives the right to personal service by first class mai				
	pursuant to Federal Rule of Civil Procedure 5(b)(2), except with				
	regard to service of a summons and complaint. The Notice of				
	Electronic Filing will allow one free look at the document, and an				
	attached PDF may be printed and saved.				
	Participant Signature				

#### II. Basis for Jurisdiction

This is an action seeking court review of a decision of the Commissioner of the Social Security Administration. Jurisdiction for such proceedings can be based on two statutes. If this complaint seeks review of a decision regarding Disability Insurance Benefits under Title II of the Social Security Act, jurisdiction is proper under 42 U.S.C. § 405(g). If this complaint seeks review of a decision regarding Supplemental Security Income under Title XVI of the Social Security Act, jurisdiction is proper under 42 U.S.C. § 1383(c)(3). Please check the type of claim you are filing.

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

An appeal from a decision of the Commissioner must be filed within sixty (60) days of the date on which you received notice that the Commissioner's decision became final. When did you receive notice that the Commissioner's decision was final? (This is likely the date on which you received notice from the Social Security Appeals Council that your appeal was denied.)

Please attach a copy of the Commissioner's final decision, and a copy of the notice you received that your appeal was denied from the Social Security Appeals Council.

### III. Statement of Claim

Federal courts may overturn decisions by the Commissioner of Social Security only if the decision is not supported by substantial evidence in the record or was based on legal error. Why should this court overturn the Commissioner's decision? (Check all that apply)

	The Commissioner found the following facts to be true, but these facts are not supported by substantial evidence in the record. (Explain why the Commissioner's
f	factual findings are not supported by substantial evidence in the record.)

P10 26 C	Jeneral Con	plaint for a Civil Case (Rev.10/16)
		The Commissioner's decision was based on legal error. ( <i>Identify all legal errors</i> )
IV.	Relief	
	State	what you want the court to do (check all that apply):
		Issue a summons directing the defendant to appear before the court.
		Order the defendant to submit a certified copy of the transcript and record, including evidence upon which the findings and decision are based.
		Modify the defendant's decision and grant monthly maximum insurance benefits to the plaintiff, retroactive to the date of initial disability.
		In the alternative, remand to the defendant for reconsideration of the evidence.
		Grant any further relief as may be just and proper under the circumstances of this case.
V.	Certif	fication and closing

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, modifying, or reversing 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.

# A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated 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.

	Date of Signing:
	Signature of Plaintiff:
	Printed Name of Plaintiff:
В.	For Attorneys
	Date of Signing:
	Signature of Attorney:
	Printed Name of Attorney:
	Bar Number:
	Name of Law Firm:
	Street Address:
	State and Zip Code:
	Telephone Number:
	E mail Addragg