

UNITED STATES DISTRICT COURT
for the
Southern District of Illinois

_____ <i>Plaintiff(s)</i> v. Commissioner of Social Security <i>Defendant</i>))))))	Case Number: _____ <small>(To be supplied by Clerk's Office)</small>
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**COMPLAINT FOR REVIEW
OF A SOCIAL SECURITY DECISION**

This action seeks review of a decision by the Commissioner of Social Security which adversely affects Plaintiff. Plaintiff is a resident of _____ County, Illinois, located within the Southern District of Illinois. The caption of the Commissioner's decision is:

IN THE CASE OF:

CLAIM FOR:

Plaintiff

Type of Benefits Sought

**Wage Earner
(if different from Plaintiff)**

The **last four digits** of the social security number belonging to Plaintiff (or the wage earner) are: _____. The complete social security number is filed under seal on a separate sheet of paper attached to this complaint and will be served on the Commissioner of Social Security only.

This court has jurisdiction over the subject matter of this action pursuant to Section 205(g) of the Social Security Act, as amended, 42 U.S.C. § 405(g). The administrative decision to deny benefits to Plaintiff has become final and is now ripe for review by the district court. Plaintiff has exhausted all administrative remedies in this matter.

The Commissioner's decision is not supported by substantial evidence. Accordingly, Plaintiff asks that the final decision of the Commissioner be reviewed and set aside and that the case be sent back to the Commissioner for further consideration.

Signed on: _____
(date)

Signature of Petitioner

Street Address

Printed Name

City, State, Zip

Signature of Attorney (if any)

UNITED STATES DISTRICT COURT

for the

Southern District of Illinois

_____)	
<i>Plaintiff(s)</i>)	
v.)	Case Number: _____
Commissioner of Social Security)	(To be supplied by Clerk's Office)
<i>Defendant</i>)	

**PERSONAL IDENTIFIER
(FILED UNDER SEAL)**

The complete social security number of the Plaintiff (or the wage earner) in this case is:

_____ - ____ - _____

Signed on: _____
(date)

Signature of Petitioner

Street Address

Printed Name

City, State, Zip