

Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

----- x

_____ :

_____ :

[insert your name] :

Plaintiff, :

v. :

COMMISSIONER OF SOCIAL SECURITY, :

Defendant. :

----- x

Civil Action No. _____
(Supplied by Clerk of District Court)

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

Plaintiff respectfully alleges:

1. This is an action seeking court review of the decision of the Commissioner of Social Security pursuant to section 205(g) and/or section 1631(c)(3) of the Social Security Act, 42 U.S.C. § 405(g) and/or 1383(c)(3). 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

2. Plaintiff resides at

_____.

The last four digits of the plaintiff's social security number are _____ (Do not include

full number).

3. Defendant is the Commissioner of Social Security.

4. Plaintiff became entitled to receive disability insurance benefits and/or Supplemental Security Income benefits because of the following disability

5. The disability began on this date:_____.

6. The Social Security Administration disallowed plaintiff's application for disability insurance benefits and/or Supplemental Security Income benefits.

7. Subsequently, plaintiff requested a hearing, and on _____
[date of hearing], a hearing was held, and the Administrative Law Judge denied plaintiff's claim on _____ [date of ALJ decision]. **IMPORTANT: ATTACH A**

COPY OF THE ALJ's DECISION TO THE COMPLAINT.

8. Thereafter, plaintiff requested a review by the Appeals Council, and after its consideration, on _____ [date of Appeals Council letter], the Appeals Council denied the request for review, making the Administrative Law Judge's decision the "final decision" of the Commissioner, subject to judicial review pursuant to 42 U.S.C. § 405(g) and/or § 1383(c)(3). Plaintiff received this letter on _____ [date of receipt of

letter]. **IMPORTANT: ATTACH A COPY OF THE APPEALS COUNCIL'S LETTER TO THE COMPLAINT.**

9. The decision of the Administrative Law Judge was erroneous, not supported by substantial evidence in the record, and/or contrary to law for the following reasons:

WHEREFORE, plaintiff respectfully requests that:

- (a) A summons be issued directing defendant to appear before the Court;
- (b) Defendant be ordered to submit a certified copy of the administrative record, including the evidence upon which the findings and decisions complained of are based;
- (c) Upon such record, this Court modify the decision of the defendant to grant plaintiff maximum monthly disability insurance benefits and/or Supplemental Security Income benefit retroactive to the date of initial disability, or in the alternative, remand the case to the Commissioner of Social Security for reconsideration of the evidence; and
- (d) The Court grant such other and further relief as may be just and proper.

Dated: _____

For parties without an attorney:

Plaintiff's Signature

Area Code and Telephone

Address of record (Court orders and other documents will be served at this address)

Email Address

Alternate Address/Telephone if plaintiff cannot be reached at above address

Second Alternate Address/Telephone if plaintiff cannot be reached at above address

For parties with an attorney:

Signature of Attorney

Bar Number

Street Address

Telephone Number

E-mail Address