

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OHIO**

<p>_____</p> <p>Plaintiff</p> <p>VS.</p> <p>_____</p> <p>Commissioner of the Social Security Administration Defendant</p>	<p>CIVIL CASE NO. _____</p> <p>JUDGE _____</p> <p style="text-align: center;"><b><u>SOCIAL SECURITY COMPLAINT</u></b></p>
---	---

The above-named plaintiff makes the following representations to this Court for the purpose of obtaining judicial review of a decision of the defendant adverse to the plaintiff:

1. The plaintiff, whose Social Security Account Number is \_\_\_\_\_  
resides at \_\_\_\_\_.

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 Secretary for purposes of judicial review and bears the following caption:

In the case of::

Claim for:

\_\_\_\_\_  
(Claimant)

\_\_\_\_\_

\_\_\_\_\_  
(Wage Earner)

\_\_\_\_\_  
(Social Security Number)

3. The plaintiff has exhausted all 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 entry of a judgment of such relief as may be proper, including costs.

\_\_\_\_\_  
Plaintiff (Pro Se)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone