

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF CONNECTICUT

_____,)
Plaintiff,)
)
v.) Civil Action No. _____
)
)
Commissioner of Social Security.)

Complaint for Review of Social Security Administration Decision

1. Plaintiff's name is: _____. Plaintiff also uses or has used the following other name(s) (if applicable): _____ Plaintiff lives in the State of _____ (name of State), in the County of _____ (name of County).
2. Plaintiff's full Social Security number or Beneficiary Notice Control Number* is: _____.
3. If Plaintiff is filing this case on behalf of someone else over the age of 18, that other person's full name is _____, and their full Social Security number or Beneficiary Notice Control Number is _____. That other person lives in the State of _____ (name of State), in the County of _____ (name of County).
4. If Plaintiff is filing on behalf of a minor under age 18, the minor's initials are _____, and their full Social Security number or Beneficiary Notice Control Number is _____. That minor lives in the State of _____ (name of State), in the County of _____ (name of County).
5. If Plaintiff is claiming benefits on the wage record of someone else, that other person's full name is _____, and their full Social Security number or Beneficiary Notice Control Number is _____.

* The Beneficiary Notice Control Number ("BNC #") may be found on documents issued to you by the Social Security Administration, such as an Administrative Law Judge decision or a notice from the Appeals Council.

6. Defendant is the Commissioner of Social Security.
7. Plaintiff is bringing this action under section 205(g) of the Social Security Act, 42 U.S.C. § 405(g), to review a final decision of the Commissioner of Social Security as to a claim (or claims) under (check the box that applies):

Title II (for claims relating to a period of disability and disability insurance benefits),

Title XVI (for claims relating to supplemental security income),

both Title II and Title XVI, or

other title(s) of the Social Security Act.

Plaintiff has exhausted all administrative remedies.

An Administrative Law Judge issued a decision on _____ (date).

(If applicable) The Appeals Council denied Plaintiff's request for review or granted Plaintiff's request for review and issued a decision on _____ (date).

8. Plaintiff disagrees with the decision in this case because it is not supported by substantial evidence and/or contains errors of law.
9. Plaintiff asks that the Commissioner's final decision be reviewed and set aside and that the case be remanded for a new hearing and decision, modified, or reversed for a calculation of benefits, and for any other relief as the Court deems appropriate.

Date: _____

If Plaintiff is unrepresented:

Signature: _____

Printed name: _____

Plaintiff's address: _____

Plaintiff's telephone: _____

Plaintiff's email address: _____

If Plaintiff is represented:

Signature: _____

Name of attorney: _____

Attorney's federal bar no.: _____

Attorney's address: _____

Attorney's telephone: _____

Attorney's fax: _____