



**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

NOTICE TO PERSONS FILING AN APPEAL OF A SOCIAL SECURITY BENEFIT DETERMINATION

Service of the SUMMONS and COMPLAINT in all Social Security determination appeals, upon the United States, and its Agencies, Corporations or Officers must be in accordance with Federal Rule of Civil Procedure 4(i).

In the District of New Jersey, a copy of the SUMMONS and COMPLAINT must be served on:

THE ATTORNEY GENERAL OF THE UNITED STATES

(Service by Registered or Certified Mail)

United States Attorney General
Constitutional Avenue & 10th Street, N.W.
Washington, DC 20530

AND

THE UNITED STATES ATTORNEY FOR THE DISTRICT OF NEW JERSEY

*(Service by hand delivery to **one** of the local offices or by Registered or Certified Mail)*

NEWARK

(Main Office)

United States Attorney
United States Attorney's Office
970 Broad Street, Suite 700
Newark, NJ 07102

CAMDEN

(Branch Office)

United States Attorney
United States Attorney's Office
401 Market Street, 4th Floor
Camden, NJ 08101

TRENTON

(Branch Office)

United States Attorney
United States Attorney's Office
402 East State Street, Room 430
Trenton, NJ 08608

AND

THE COMMISSIONER OF SOCIAL SECURITY

(Service by Registered or Certified Mail)

Office of the Regional Chief Counsel, Region III
Social Security Administration
300 Spring Garden Street, 6th Floor
Philadelphia, PA 19123-2932

DISCLAIMER: All of the above-listed information is subject to change. Litigants are advised to confirm that the addresses are current prior to effectuating service.

**THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY**

	:	
Plaintiff,	:	Civil Action No. _____
	:	(Supplied by the Clerk of the District Court)
v.	:	
	:	
COMMISSIONER OF	:	
SOCIAL SECURITY,	:	<u>COMPLAINT</u>
Defendant.	:	

PARTIES

1. My name is _____. I live in The State of New Jersey, in _____ (Name of Town), in the County of _____.
2. The last four digits of my social security number are _____.
3. The defendant is the Commissioner of Social Security.

JURISDICTION

4. This action is being brought under the provisions of Section 205(g) of the Social Security Act, 42 U.S.C., Section 405(g), to review a final decision of the Commissioner. The Appeals Council denied my Request for Review on _____.

CAUSE OF ACTION

5. I disagree with the decision in my case because it is not supported by substantial evidence.

DEMAND

6. I ask that the court reverse the decision of the Commissioner and award benefits to which I am entitled or for which I am eligible and/or any other relief as the Court deems appropriate.

Signature

Print Name

Date

Address