

**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