

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

_____ :
 :
 :
 vs. : CIVIL ACTION NO. _____
COMMISSIONER, SOCIAL SECURITY :

COMPLAINT

1. Plaintiff (whose Social Security Number is _____) is a resident of _____.

(Provide your City or County and State of residence)

2. Plaintiff complains of a decision against him/her bearing the following caption:

IN THE CASE OF:

CLAIM FOR:

(Claimant)

(Type of benefits)

(Wage Earner)

(Social Security Number)

3. The date of the final decision by the Secretary against plaintiff is _____.

4. Plaintiff claims that the final decision of the Secretary is erroneous as a matter of fact and as a matter of law.

WHEREFORE plaintiff seeks judicial review by this Court pursuant to 42 U.S.C. Section 405(g), and entry of judgment for such relief as may be proper, including costs.

(Date)

(Signature)

(Printed name, address, and phone number of Plaintiff)