

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

*

(Full name and address of plaintiff)

Plaintiff,

Case No. _____

*

*

v.

Commissioner, Social Security.

*

COMPLAINT FOR DENIED SOCIAL SECURITY CLAIM

1. Plaintiff is a resident of _____.
(City or County and State)

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 if Different from Claimant

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

4. Plaintiff claims that the final decision of the Commissioner 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

Telephone number

CONFIDENTIAL INFORMATION

THIS DOCUMENT MUST BE SERVED ON THE GOVERNMENT ALONG WITH THE SUMMONS AND COMPLAINT. IT IS NOT TO BE FILED WITH THE COURT.

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND**

Plaintiff,	*	
v.	*	Case No. _____
Defendant.	*	

STATEMENT OF SOCIAL SECURITY NUMBER

Social Security Number of Claimant: _____

Social Security Number of Worker (if different than claimant): _____

Date

Signature

Printed name

Address

Email address

Telephone number

Fax number