

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ :  
 :  
 :  
 vs. : CIVIL ACTION NO. \_\_\_\_\_  
COMMISSIONER, SOCIAL SECURITY :

**COMPLAINT**

1. Plaintiff 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 if Different from Claimant)
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)

**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.**

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\_\_\_\_\_ :  
vs. : CIVIL ACTION NO. \_\_\_\_\_  
COMMISSIONER, SOCIAL SECURITY :

**STATEMENT OF SOCIAL SECURITY NUMBER**

Social Security Number of Claimant: \_\_\_\_\_

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

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_

\_\_\_\_\_

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