
UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

Plaintiff,

vs.

Case No. _____
(To be assigned by Clerk of District Court)

Commissioner of Social Security,

Defendant.

**COMPLAINT FOR JUDICIAL REVIEW OF DECISION
OF THE COMMISSIONER OF SOCIAL SECURITY**

PARTIES

1. The Plaintiff resides within the District of Minnesota.
2. Defendant Commissioner of Social Security.

JURISDICTION

3. This is an action to review a final decision of the Defendant Commissioner of Social Security.

This Court has jurisdiction over the action under Section 205(g) of the Social Security Act, as amended, 42 U.S.C. § 405(g).

FACTUAL ALLEGATIONS

4. The Plaintiff filed application(s) for disability benefits and/or supplemental security income with the Defendant, and after various administrative proceedings has been denied benefits.

The final decision of the Commissioner was not based on substantial evidence in the record and contains the following errors of law: (state each alleged error that entitles the Plaintiff to relief in numbered paragraphs, beginning with 5).

5. _____

_____.

Attach additional sheets of paper as necessary.
Check here if additional sheets of paper are attached:
Please continue to number the paragraphs consecutively.

REQUEST FOR RELIEF

The Plaintiff requests that the final decision of the Defendant be reversed for an award of benefits or, alternatively, either modified or remanded for further proceedings.

SOCIAL SECURITY NUMBER

Pursuant to Local Rule 9.1, the wage earner's social security number has been attached to the copy of the complaint served on the Commissioner of Social Security.

Date: _____

Signature of Plaintiff

Mailing Address _____

Telephone Number _____