

United States District Court
for the
NORTHERN DISTRICT OF ALABAMA

Plaintiff,
*(Write your full name. No more than one plaintiff
may be named in a pro se complaint)*

v.

Case No.: _____
(to be filled in by the Clerk's Office)

Defendant.
*(Write the full name of the current Commissioner
of the Social Security Administration. Do not
include addresses here.)*

**COMPLAINT FOR REVIEW OF A SOCIAL SECURITY
DISABILITY OR SUPPLEMENTAL SECURITY INCOME DECISION**

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff

Provide the information below for the plaintiff named in the complaint. Attach additional pages if needed.

Name _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address _____

Last Four Digits of Your Social Security Number _____
(Do not include full number)

B. The Defendant

Provide the information below for each defendant named in the complaint. Attach additional pages if needed.

Defendant *(The current Commissioner of the Social Security Administration)*

Name _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____
(Regional Office of the Social Security Administration General Counsel)

E-Mail Address *(if known)* _____

- Check here to receive electronic notice through the e-mail listed above. By checking this box, the undersigned consents to electronic service and waives the right to personal service by first class mail pursuant to Federal Rule of Civil Procedure 5(b)(2), except with regard to service of a summons and complaint. The Notice of Electronic Filing will allow one free look at the document, and any attached PDF may be printed and saved.**

Date

Participant Signature

II. Basis for Jurisdiction

This is an action seeking court review of a decision of the Commissioner of the Social Security Administration. Jurisdiction for such proceedings can be based on two statutes. If this complaint seeks review of a decision regarding Disability Insurance Benefits under Title II of the Social Security Act, jurisdiction is proper under 42 U.S.C. § 405(g). If this complaint seeks review of a decision regarding Supplemental Security Income under Title XVI of the Social Security Act, jurisdiction is proper under 42 U.S.C. § 1383(c)(3). Please check the type of claim you are filing.

Claim Type	For Clerk’s Office Use Only
<input type="checkbox"/> Disability Insurance Benefits Claim (Title II)	COA: 42:0405id NOS: 864
<input type="checkbox"/> Supplemental Security Income Claim (Title XVI)	COA: 42:1383 NOS: 863/864
<input type="checkbox"/> Child Disability Claim	COA: 42:0405wc NOS: 863
<input type="checkbox"/> Widow or Widower Claim	COA: 42:0405ww NOS: 863

An appeal from a decision of the Commissioner must be filed within sixty (60) days of the date on which you received notice that the Commissioner’s decision became final. When did you receive notice that the Commissioner’s decision was final? *(This is likely the date on which you received notice from the Social Security Appeals Council that your appeal was denied.)* _____

Please attach a copy of the Commissioner’s final decision, and a copy of the notice you received that your appeal was denied from the Social Security Appeals Council.

III. Statement of Claim

Federal courts may overturn decisions by the Commissioner of Social Security only if the decision is not supported by substantial evidence in the record or was based on legal error. Why should this court overturn the Commissioner’s decision? *(Check all that apply)*

- The Commissioner found the following facts to be true, but these facts are not supported by substantial evidence in the record. *(Explain why the Commissioner’s factual findings are not supported by substantial evidence in the record.)*

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of Signing: _____

Signature of Plaintiff: _____

Printed Name of Plaintiff: _____

B. For Attorneys

Date of Signing: _____

Signature of Attorney: _____

Printed Name of Attorney: _____

Bar Number: _____

Name of Law Firm: _____

Street Address: _____

State and Zip Code: _____

Telephone Number: _____

E-mail Address: _____