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Name of Attorney for Plaintiff/Name of Plaintiff (if pro se)

Address

Telephone Number

Facsimile Number

State Bar Number of Attorney

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

_____,)
Plaintiff,)
v.)
_____,)
Commissioner of Social Security.)
Defendant.)

Case No. _____

**COMPLAINT FOR JUDICIAL REVIEW
OF DECISION OF COMMISSIONER
OF SOCIAL SECURITY**
(Administrative Procedure Act Case)

The above-named plaintiff makes the following representations to this court for the purpose of obtaining judicial review of a decision of the defendant adverse to the plaintiff:

1. The plaintiff is a resident of _____,
City
_____.
State

2. The plaintiff complains of a decision which adversely affect the plaintiff in whole or in part.

The decision has become the final decision of the Commissioner for purpose of judicial review and bears the following caption:

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In the case of:

Claim for:

Claimant

Type of Benefit

Wage Earner (Leave blank if same as above)

Last Four Digits of Social Security Number

3. The plaintiff has exhausted administrative remedies in this matter and this court has jurisdiction pursuant to Title 42, U.S.C. §405(g).

WHEREFORE, the plaintiff seeks judicial review by this court and the entry of judgment for such relief as may be proper, including costs.

DATE: _____

Signature of Attorney or Plaintiff Appearing Pro Se