

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF KENTUCKY**

Plaintiff,
(If a minor child, only use Plaintiff's initials and
indicate the adult's name filing on child's behalf)

v.

CASE NO. _____
(To be supplied by the Clerk)

COMMISSIONER,
SOCIAL SECURITY ADMINISTRATION
Defendant,

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

1. I reside in _____ County, Kentucky, which lies within the Western District of
Kentucky." [The counties of the Western District of Kentucky are listed at Local Rule 3.1(b).]

2. I currently reside at _____,
street address
_____, Kentucky, _____, () _____
city zip code phone number

3. Plaintiff has a Social Security number ending in the last four digits ***-**-_____.

4. Plaintiff complains of a decision which adversely affects him/her in whole or in part.
The decision has become the final decision of the Commissioner for purposes of
judicial review and bears the following caption:

In the case of

Claim for

Claimant (If a minor child, only use
initials and indicate the adult's name
filing on child's behalf)

Type of Benefit(s)

***-**-_____

Wage earner

Last four digits of Social Security No.

5. The final decision of the Commissioner was erroneous, not supported by substantial evidence in the record, and/or contrary to the law.
6. Plaintiff received notice of the Appeals Council decision on _____ date.
7. Plaintiff has exhausted all administrative remedies in this matter, and this Court has jurisdiction for judicial review pursuant to 42 U.S.C. § 405(g).

WHEREFORE, Plaintiff requests that the final decision of the Commissioner be modified or reversed, with or without remand.

I, the undersigned, declare (or certify, verify, or state) under penalty of perjury that the information contained in this document is true and correct.

This ____ day of _____, 20__.

Signature of Plaintiff (If a minor child,
signature of adult filing on child's behalf)

Any person seeking judicial review of a decision of the Commissioner of Social Security under §205(g) of the Social Security Act, 42 U.S.C. §405(g), shall provide, on a separate sheet of paper attached to the copies of the complaint served on the Commissioner and the United States Attorney, the name and social security number of the worker on whose wage record the application for benefits was filed.