

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO
_____ DIVISION**

Plaintiff

vs.

CASE NO. _____

COMMISSIONER OF
SOCIAL SECURITY,
Defendant

COMPLAINT

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)
Plaintiff's last four digits of their Social Security Account No. are _____.
2. The plaintiff complains of a decision which adversely affects the plaintiff in whole or in part. The decision has become the final decision of the Secretary for purposes of judicial review and bears the following caption:

IN THE CASE OF

CLAIM FOR

(Claimant)
(If Minor Child-only use initials)

(Wage Earner)

(Last Four Digits of Social Security No.)

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

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

Date _____

Plaintiff

Street Address

City State Zip

Telephone Number