

FOR COURT USE ONLY

Name

Address

City, State, Zip

Telephone Number

**UNITED STATES DISTRICT COURT
DISTRICT OF ALASKA**

_____)	
Plaintiff)	Case No.
vs.)	SOCIAL SECURITY COMPLAINT
_____)	
Commissioner of Social Security)	
Defendant)	
_____)	

Plaintiff _____ a resident of _____
(City)

_____ makes the following representations to this court for the purpose of
(State)

obtaining judicial review of a decision of the defendant adverse to plaintiff:

1. Plaintiff complains of a decision that adversely affects plaintiff in whole or in part. The decision dated _____ has become the final decision of the Commissioner of Social Security for the purpose of judicial review, and bears the following caption:

In the Case of

Claim For

(Claimant)

(Wage Earner)

(Social Security Number)

A true and correct copy of the decision of the Commissioner of Social Security is attached hereto as Exhibit A.

2. Plaintiff alleges that the final decision of the defendant is erroneous as a matter of law and regulation for the following reason(s): _____

3. Plaintiff has exhausted administrative remedies in this matter, and the court has jurisdiction for judicial review under 42 U.S.C. § 405(g).

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

I, _____, declare under penalty of perjury, that I have reviewed the above complaint, and that the information contained in this complaint is true and correct.

Dated: _____

(Signature of Plaintiff)