

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN
NORTHERN DIVISION

Plaintiff,

v.

Case No. _____

COMMISSIONER OF
SOCIAL SECURITY,

Judge _____

Defendant.

_____ /

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 (whose Social Security Account number is _____) is a resident of _____.
County State

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

Type of Benefit

Wage Earner

Social Security Number

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 a judgment for such relief as may be proper, including costs.

Attorney/Plaintiff's Signature

Address

Telephone

Date: _____