

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

(Your name)

Petitioner,

vs.

SOCIAL SECURITY COMPLAINT

-CV-

COMMISSIONER OF SOCIAL SECURITY,

Respondent

Petitioner, _____, respectfully states:

1. This is an action in the nature of a review of the hearing examiner's decision pursuant to Section 205(g) of the Social Security Act as amended (42 U.S.C. § 405(g)).
2. This matter was ____ /was not ____ (check one) remanded to the Commissioner of Social Security.

If the matter was remanded, such remand was by order of the Honorable _____ of the United States District Court for the _____ District of _____ on _____ (date of decision).

The docket number of my prior case was _____

3. I reside at: _____

My telephone number is: _____

My social security number is: _____

4. Respondent is the Commissioner of Social Security and as such, has full power and responsibility over disability benefits under the Social Security Act as amended.
5. My disability or disabilities are: _____

6. My disability or disabilities began on (date) _____

7. The Bureau of Disability Insurance of the Social Security Administration denied my application because I failed to establish a period of disability and/or because I did not have an impairment or combination of impairments of the severity prescribed by the pertinent provisions of the Social Security Act sufficient to establish a period of disability or to allow disability insurance benefits.

8. After the Social Security Administration initially denied my application for disability benefits, I requested a hearing.

On _____ (date) a hearing was held before an Administrative Law Judge. The Administrative Law Judge denied my application for benefits on _____ (date). **(You must attach a copy of the decision to the complaint.)**

9. I then appealed to the Appeals Council which affirmed the decision of the Administrative Law Judge on _____ (date). **(You must attach a copy of the decision to the complaint.)**

10. The decision of the hearing examiner, as affirmed by the Appeals Council, was erroneous and not supported by either the substantial evidence on the record or the applicable law.

11. I have ____ / have not ____ (check one) filed other actions in U.S. Courts relating to my efforts to obtain Social Security Disability Benefits. If other actions were filed, they are listed below (attach a separate sheet if necessary):

Court Name	Docket Number	Date Filed	Date Case Closed (if applicable)

WHEREFORE, I respectfully request that:

- (a) A summons be issued directing respondent to appear before the Court;
- (b) Respondent be ordered to submit a certified copy of the transcript of the record including evidence upon which the findings and decision complained of are based;
- (c) Upon such record, this Court should modify the decision of the respondent to grant monthly maximum insurance benefits to me, retroactive to the date of initial disability, or in the alternative remand to the Respondent for reconsideration of the evidence; and
- (d) Such further relief as may be just and proper under the circumstances of this case.

I declare under penalty of perjury that the foregoing is true and correct.

Date: _____

Signature

Print Name