

IN THE UNITED STATE DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

)	
)	
_____)	
Plaintiff,)	
)	
v.)	CASE NO. _____
)	
COMMISSIONER OF SOCIAL SECURITY)	
Defendant.)	

COMPLAINT

Comes now the plaintiff and alleges as follows:

1. The plaintiff, whose social security number is _____, is a resident of the county of _____, in the State of Indiana. The plaintiff, fully insured under the Social Security Act, has exhausted all administrative remedies by filing an application for social security disability benefits which was denied by the Appeals Council on _____.

2. The Commissioner's decision to deny the plaintiff's application was erroneous and was not supported by substantial evidence in the administrative record because:

WHEREFORE, the plaintiff requests that the court reverse the decision of the Commissioner and order the Commissioner to pay benefits, the costs of this action and other relief that the court may deem just and proper.

VERIFICATION AND SIGNATURE

Initial Each Statement and Sign at the Bottom

- _____ I have included six properly completed summons forms.
- _____ I have included three properly completed process receipt and return forms (USM-285).
- _____ In addition to this complaint with an original signature, I have included three additional copies.
- _____ I have included full payment of the filing fee **OR** attached a properly completed petition to proceed *in forma pauperis*.
- _____ I agree to promptly notify the clerk of any change of address.
- _____ I have read all of the statements in this complaint. *[Do not forget to keep a copy for your records.]*
- _____ I declare **under penalty of perjury** that the foregoing is true and correct.

Signed this _____ day of _____, 20____.

Signature of Plaintiff

Typed or Printed Name

Street Address

_____ City State Zip Code

Telephone Number (including area code)