

# UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for challenging a final Social Security Administration decision.

NEATLY print in ink (or type) your answers.]

\_\_\_\_\_  
[You are the **PLAINTIFF**, print your full name on this line.]

v.

COMMISSIONER OF SOCIAL SECURITY,  
**DEFENDANT.**

Case Number \_\_\_\_\_

[For a new case in this court, leave blank.  
The court will assign a case number.]

[The top of this page is the caption. Everything you file in this case must have the same caption.  
Once you know your case number, it is VERY IMPORTANT that you include it on everything you send  
to the court for this case. DO NOT send more than one copy of anything to the court.]

## SOCIAL SECURITY COMPLAINT

1. My address is: \_\_\_\_\_  
\_\_\_\_\_

2. My telephone number is: (\_\_\_\_) \_\_\_\_\_

3. The last four (4) digits of my Social Security Number are: \_\_\_\_\_

4. The date printed on my Notice of Appeals Council Action letter is: \_\_\_\_\_

5. The date I received my Notice of Appeals Council Action letter was: \_\_\_\_\_

6. My disability is: \_\_\_\_\_  
\_\_\_\_\_

7. I have attached a copy of the following documents:

- Notice of Appeals Council Action Letter
- Decision of the Administrative Law Judge
- Other: \_\_\_\_\_

8. Are you paying the filing fee?

- Yes, I am paying the \$400.00 filing fee. I will provide the clerk with a summons for the Commissioner of Social Security, The United States Attorney, and the United States Attorney General so that I can serve the complaint.
- No, I am filing a Motion to Proceed In Forma Pauperis and asking the court to serve the complaint.

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

