UNITED STATES DISTRICT COURT

DISTRICT OF MAINE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, )

 )

 Plaintiff )

 )

v. ) Civil No. \_\_\_\_\_\_\_\_\_\_\_\_\_

 )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, )

Commissioner of Social Security, )

 )

 Defendant )

COMPLAINT

 The above-named Plaintiff makes the following representations to this Court for the purpose of obtaining judicial review of a decision of the Commissioner adverse to the Plaintiff:

1. The Plaintiff is a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_.

(City) (County) (State)

1. The Plaintiff complains of a decision that adversely affects the Plaintiff in whole or in part. The decision has become the final decision of the Commissioner for purposes of judicial review and bears the following caption:

In the Case of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Claimant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Wage Earner)

1. The Plaintiff claims the following type of benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. 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).
3. The Plaintiff agrees to provide the Clerk’s Office with any changes in address where case‑related papers may be served. The Plaintiff understands that failure to keep a current address on file with the Clerk’s Office may prevent the Plaintiff from receiving notice by mail of developments in this case.

WHEREFORE the Plaintiff seeks judicial review by this Court and the entry of a judgment for such relief as may be proper, including costs.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)  (Signature of the Plaintiff or Attorney for the Plaintiff)

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Address)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Telephone)