

**UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Social Security #)                      Plaintiff,  
v.

Case No. \_\_\_\_\_  
(To be supplied by the Court)

COMMISSIONER OF SOCIAL SECURITY,  
Defendant

**SOCIAL SECURITY COMPLAINT**

1.        This is an action seeking court review of the Bureau of Hearings and Appeals' decision pursuant to Section 205(g) of the Social Security Act, as amended, 42 U.S.C. § 405(g).

2.        Plaintiff resides at the following location: \_\_\_\_\_  
\_\_\_\_\_

3.        Defendant is the Commissioner of Social Security, and as such has full power and responsibility over disability benefits under the Social Security Act.

4.        Plaintiff should have been entitled to receive (or should continue to receive) disability benefits (disability income benefits and/or supplemental security income benefits) because of the following disability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This disability began on (give date) \_\_\_\_\_.

5. CIRCLE LETTER A, B or C, **WHICHEVER IS APPLICABLE TO YOUR CASE**, AND  
FILL IN THE APPROPRIATE BLANKS:

A. If you were granted disability benefits but you disagree with the AMOUNT, circle letter A and complete this section.

Plaintiff was found disabled by the Social Security office on \_\_\_\_\_. This disability was found to have begun on \_\_\_\_\_ (date of disabling condition) and plaintiff was granted disability benefits which started on \_\_\_\_\_ (date of first payment).

B. If you were granted disability benefits but these were LATER TERMINATED OR REDUCED, circle letter B and complete this section.

Plaintiff was found disabled by the Social Security office on \_\_\_\_\_. This disability was found to have begun on \_\_\_\_\_ (date of disabling condition) and plaintiff was granted disability benefits which started on \_\_\_\_\_ (date of first payment). Subsequently, plaintiff's benefits were (circle one) terminated / reduced, effective \_\_\_\_\_ (date of termination or reduction in amount of payment).

C. If your initial application for disability benefits was DENIED, circle C.

The Social Security Administration denied plaintiff's application upon the ground that the plaintiff failed to establish a period of disability; and/or upon the ground that the plaintiff did not have an impairment, or combination of impairments, of the severity prescribed by the pertinent provisions of the Social Security Act needed to establish a period of disability; or did not allow full benefits retroactive to the date of initial disability.

6. Subsequently, plaintiff requested a hearing, and on \_\_\_\_\_ (date), a hearing was held before an Administrative Law Judge which resulted in a denial of plaintiff's claim on \_\_\_\_\_ (date) or in a finding of disability at a date later than plaintiff's claimed date of disability.

7. Plaintiff requested a review of the Administrative Law Judge's decision by the Appeals Council, and after consideration by the Appeals Council, the decision was (circle one) AFFIRMED / REVERSED IN PART on \_\_\_\_\_ (date). Plaintiff received this decision on \_\_\_\_\_ (date). You **must attach** a copy of the decision of the Appeals Council to this complaint.

8. The decision of the Administrative Law Judge, as affirmed by the Appeals Council, was wrong, not supported by substantial evidence on the record, or contrary to law because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. WHEREFORE, Plaintiff prays that:

a. Defendant 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;

b. Upon this record, the district court should modify the decision of the defendant to grant maximum monthly disability benefits to the plaintiff, retroactive to the date of initial disability; or, in the alternative, remand to the Commissioner for further administrative proceedings; and

c. For such further relief as may be just and proper under the circumstances of this case.

\_\_\_\_\_  
Original signature of attorney (if any)

\_\_\_\_\_  
**Plaintiff's Original Signature**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

( ) \_\_\_\_\_  
Attorney's full address and telephone

( ) \_\_\_\_\_  
Plaintiff's full address and telephone

Dated: \_\_\_\_\_

**DECLARATION UNDER PENALTY OF PERJURY**

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at \_\_\_\_\_ on \_\_\_\_\_  
(location) (date)

\_\_\_\_\_  
**Plaintiff's Original Signature**

(Rev. 7/2/04)