

**UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT**

(Name)

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 a decision of the Commissioner of the Social Security Administration, 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. Check the type of claim you are filing:

_____ Social Security Disability Claim

_____ Supplemental Security Income Claim

_____ Child Disability Claim

_____ Widow or Widower Claim

FOR CLERK'S OFFICE USE ONLY
42:0405id
42:1383
42:0405wc
42:0405www

5. 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) _____.

6. 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 ONSET DATE, circle letter A, complete this section and **proceed to Question 7.**

Plaintiff was found disabled by the Social Security Administration on _____ . The plaintiff alleges that his/her disability began on _____ (date of alleged onset of disabling condition).

B. If you were granted disability benefits but these were LATER TERMINATED OR REDUCED, circle letter B, complete this section and **proceed to Question 7.**

Plaintiff was found disabled by the Social Security Administration 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 and **proceed to Question 7.**

7. Following the Social Security Administration action identified in A, B or C above, 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.

8. The decision of the Administrative Law Judge was referred to the Appeals Council and the decision was (circle one) AFFIRMED / REVERSED IN PART on _____ (date). Plaintiff received the decision from the Appeals Council on _____ (date). **You must attach a copy of the decision of the Appeals Council to this complaint.**

Failure to attach a copy of the decision of the Appeals Council may result in your complaint being dismissed for failure to exhaust your administrative remedies.

9. The decision of the Administrative Law Judge, as affirmed by the Appeals Council if your case was referred, was wrong, not supported by substantial evidence on the record, or contrary to law because

10. WHEREFORE, Plaintiff prays that:

a. Defendant be required to answer this complaint and file 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 review, revise and set aside the decision of the defendant to grant maximum monthly disability benefits to the plaintiff, retroactive to the date of initial disability; or supplemental security income benefits, retroactive to the date of application, 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

Attorney's full address and telephone

Email address if available

Dated: _____

Printed Name

Plaintiff's full address and telephone

Email address if available

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