
Name

Mailing address

City, State, Zip

Telephone

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF ALASKA**

_____,
(Full name of plaintiff)

Plaintiff,

vs.

Case No. _____
(To be supplied by Court)

,
COMMISSIONER of SOCIAL SECURITY,

**SOCIAL SECURITY
COMPLAINT**

Defendant.

Plaintiff, _____, a resident of _____,
(Plaintiff's full name) (City)

_____, makes the following representations to this Court for the
(State)

purpose of securing judicial review of a final decision of the Commissioner of
Social Security, under 42 U.S.C. § 405(g), which was unfavorable to the Plaintiff:

1. The unfavorable decision, dated _____, has become the final decision of the Commissioner of Social Security for the purpose of judicial review, and bears the following caption:

In the Case Of

Claim For

(Claimant)

(Wage Earner)

(Social Security Number)

2. The final decision of the Commissioner is not supported by substantial evidence,¹ or is based upon legal error for the following reason(s):

3. Plaintiff has exhausted the administrative remedies in this matter, and the Court has jurisdiction for judicial review under 42 U.S.C. § 405(g).
4. Plaintiff has attached a true and correct copy of the final decision of the Commissioner of Social Security.

¹ "Substantial evidence" is relevant evidence that a reasonable mind might accept as adequate to support a conclusion.

The Court must have a copy of the final decision before the case may proceed.

5. Plaintiff filed this Complaint within 60 days of receiving the final decision of the Commissioner of the Social Security Administration? Yes ☐ No ☐

If the answer is "no," the reason for the late filing is:

☐ I received an extension of time from the Social Security Administration until _____, and ☐ I have included a copy of the letter granting the extension of time with this Complaint. OR

☐ Other:

WHEREFORE, Plaintiff seeks judicial review by the Court and the entry of judgment for such relief as may be proper, including attorney's fees and costs.

I, _____, declare under penalty of perjury, that I have reviewed the above Complaint, and that the information contained in this Complaint is true and correct.

DATE: _____

(Signature of Plaintiff)