

1 \_\_\_\_\_ (Full Name)  
2 \_\_\_\_\_ (Email Address)  
3 \_\_\_\_\_ (Address Number & Street)  
4 \_\_\_\_\_ (City, State, Zip)  
5 \_\_\_\_\_ (Phone Number)  
6 \_\_\_\_\_ (Fax Number)

7 Plaintiff in Pro Per

8  
9  
10 **UNITED STATES DISTRICT COURT**  
11 **CENTRAL DISTRICT OF CALIFORNIA**

12 \_\_\_\_\_,  
13 Plaintiff,  
14 vs.  
15 Commissioner of Social Security,  
16 Defendant.

Case No.: \_\_\_\_\_  
(To be supplied by clerk)

**COMPLAINT FOR REVIEW OF  
SOCIAL SECURITY DECISION**

17  
18  
19  
20 **Jurisdiction**

21 1. This is an action seeking court review of the decision of the  
22 Commissioner of Social Security pursuant to Section 205(g) of the Social Security  
23 Act, as amended (42 U.S.C.A. § 405(g)) and 28 U.S.C.A. § 1361.

24  
25 **Venue**

26 2. Venue is proper within 42 U.S.C.A. § 405(g). This action is brought  
27 in the judicial district in which the Plaintiff resides.

1 **Parties**

2 3. Plaintiff \_\_\_\_\_ resides at  
3 (name)

4 \_\_\_\_\_  
5 (address)

6 4. Defendant is the Commissioner (or Acting Commissioner) of Social  
7 Security and as such has full power and responsibility for the administration of the  
8 Social Security Act, subject to appropriate judicial review.

9 **Facts**

10 5. Plaintiff should have been entitled to receive (or continue to receive)  
11 disability benefits because of the following disability \_\_\_\_\_  
12 (state your disability)

13 The disability began on this date: \_\_\_\_\_.

14 *Check A, B, or C, whichever is applicable, and fill in the appropriate blanks:*

15  A. **If you were granted disability benefits but disagree with the**  
16 **amount, check this box and complete this question:**

17 Plaintiff was found disabled by the Social Security office on  
18 \_\_\_\_\_.  
19 (date of disability finding) This disability was found to have begun  
20 on \_\_\_\_\_ and Plaintiff was granted disability  
21 (date of disabling condition) benefits which started on \_\_\_\_\_.  
22 (date of first payment)

23  B. **If you were granted disability benefits but these were later**  
24 **terminated or reduced, check this box and complete this question:**

25 Plaintiff was found disabled by the Social Security office on  
26 \_\_\_\_\_.  
27 (date of disability finding) This disability was found to have begun  
28 on \_\_\_\_\_ and Plaintiff was granted disability  
(date of disabling condition)

1 benefits which started on \_\_\_\_\_ . Subsequently,  
(date of first payment)

2 Plaintiff's benefits were

3 [check one]

4  terminated or  reduced

5 effective \_\_\_\_\_ .

(date of termination or change)

6  
7  C. **If your initial application for disability benefits was denied, check**  
8 **this box.**

9 The Bureau of Disability Insurance of the Social Security  
10 Administration disallowed Plaintiff's application upon the ground that  
11 Plaintiff failed to establish a period of disability and/or upon the  
12 ground that Plaintiff did not have an impairment or combination of  
13 impairments of the severity prescribed by the pertinent provisions of  
14 the Social Security Act to establish a period of disability or to allow  
15 disability insurance benefits, or did not allow full benefits retroactive  
16 to the date of initial disability.

17  
18 6. Subsequent thereto, Plaintiff requested a hearing and on  
19 \_\_\_\_\_, a hearing was held which resulted in a denial of  
(date)  
20 Plaintiff's claim on \_\_\_\_\_, or in a finding of disability at a  
(date)  
21 date later than Plaintiff's claimed date of disability.

22  
23 7. Thereafter, Plaintiff requested a review by the Appeals Council, and  
24 after its consideration, the decision of the hearing examiner was

25 [check one]

26  affirmed, or  reversed in part

27 on \_\_\_\_\_ . Plaintiff received this ruling on

(date)

28 \_\_\_\_\_ .

(date)

