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	LINITED STATE	S DISTRICT COURT		
10	UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA			
11				
12				
13	Plaintiff,	Case No.:		
14	VS.	(10 de suppueu o y elenis)		
15	Commissioner of Social Security,	COMPLAINT FOR REVIEW OF		
16	Defendant.	SOCIAL SECURITY DECISION		
17				
18		_		
19				
20	<u>Jur</u> i	<u>isdiction</u>		
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	<u></u>	<u> ⁷enue</u>		
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.			
28				
	Form Prepared by Public Counsel © 2012-2023 Public Counsel.			

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1	<u>Parties</u>			
2	3. Plaintiff resides at			
3	(name)			
4				
5	4. Defendant is the Commissioner (or Acting Commissioner) of Social			
6	Security and as such has full power and responsibility for the administration of the			
7	Social Security Act, subject to appropriate judicial review.			
8	Facts			
9	5. Plaintiff should have been entitled to receive (or continue to receive)			
10				
11	(state your disability)			
12				
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	This disability was found to have begun			
19	on and Plaintiff was granted disability			
20	(date of disabling condition)			
21	benefits which started on			
22	B. If you were granted disability benefits but these were later			
23	terminated or reduced, check this box and complete this question:			
24	Plaintiff was found disabled by the Social Security office on			
25	This disability was found to have begun			
26	on and Plaintiff was granted disability			
27	(date of disabling condition)			
28				

1	benefits which started on	Subsequently	
2	Plaintiff's benefits were (date of first payment)		
3	[check one]		
4	terminated or reduced		
5	effective		
6	(date of termination or change)		
7	C. If your initial application for disability benefits was o	denied, check	
8	this box.		
9	The Bureau of Disability Insurance of the Social Sec	urity	
10	Administration disallowed Plaintiff's application upon t	he ground tha	
11	Plaintiff failed to establish a period of disability and/or u	upon the	
12	ground that Plaintiff did not have an impairment or com	bination of	
13	impairments of the severity prescribed by the pertinent p	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 benefit	ts 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	
20	Plaintiff's claim on, or in a finding of d	isability at a	
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	
28	(date)		
	(date)		

1	8. The decision of the hearing examiner, as affirmed by the Appeals				
2	Council, was wrong, not supported by substantial evidence in the record, or				
3	contrary to the law because				
4					
5					
6					
7					
8					
9					
10					
11					
12					
13	Prayer for Relief				
14	Plaintiff respectfully prays that:				
15	9. Defendant be ordered to submit a certified copy of the transcript of the				
16	record, including evidence upon which the findings and decision complained of are				
17	based;				
18	10. Upon such record, this court should modify the decision of the defendant to				
19	grant monthly maximum insurance benefits to the Plaintiff, retroactive to the date				
20	of initial disability, or in the alternative, remand to the Commissioner for				
21	reconsideration of the evidence;				
22	11. For such further relief as may be just and proper under the circumstances of				
23	this case.				
24					
25	Dated By:				
26	(sign)				
27					
28	(print name) Plaintiff in Pro Per				