

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI  
\_\_\_\_\_ DIVISION

\_\_\_\_\_  
Plaintiff,

v.

Case No.

(to be assigned by Clerk of District Court)

CAROLYN COLVIN,  
Acting Commissioner, Social Security Administration,

Defendant.

**COMPLAINT FOR JUDICIAL REVIEW OF DECISION**  
**OF THE COMMISSIONER OF SOCIAL SECURITY**

***NOTICE:***

*In order for your complaint to be filed, it must be accompanied by a "Social Security Identification Form" that is accessible from the United States District Court Eastern District of Missouri's website under "Court Business" and "Forms."*

*The complaint must also include a copy of the Appeal Council's Letter denying request for review. This document is required to show that plaintiff has exhausted all administrative remedies before seeking review in this Court.*

*Except as explicitly noted in this form, plaintiff should not include exhibits or evidence, nor may it include an argument.*

Plaintiff, \_\_\_\_\_, resides at

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
street address city county

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
state zip code telephone number

Plaintiff respectfully alleges:

1. This is an action seeking court review of the decision of the Commissioner of Social Security pursuant to section 205(g) and/or section 1631(c)(3) of the Social Security Act, 42 U.S.C. § 405(g) and/or 1383(c)(3).

2. Plaintiff became entitled to receive disability insurance benefits and/or Supplemental Security Income benefits because of the following disability:

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3. The disability began on this date:

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4. The Social Security Administration disallowed plaintiff's application for disability insurance benefits and/or Supplemental Security Income benefits.

5. Subsequently, plaintiff requested a hearing, and on \_\_\_\_\_ [date of hearing], a hearing was held, and the Administrative Law Judge denied plaintiff's claim on \_\_\_\_\_ [date of ALJ decision].

6. Thereafter, plaintiff requested a review by the Appeals Council, and after its consideration, on \_\_\_\_\_ [date of Appeals Council letter], the Appeals Council denied the request for review, making the Administrative Law Judge's decision the "final decision" of the Commissioner, subject to judicial review pursuant to 42 U.S.C. § 405(g) and/or 1383(c)(3). Plaintiff received this letter on \_\_\_\_\_ [date of receipt of letter].

**IMPORTANT: ATTACH A COPY OF THE APPEAL COUNCIL'S LETTER TO THE COMPLAINT.**

7. The decision of the Administrative Law Judge was erroneous, not supported by substantial evidence in the record, and/or contrary to law.

**WHEREFORE**, plaintiff respectfully requests that:

- (a) A summons be issued directing defendant to appear before the Court;
- (b) Defendant be ordered to submit a certified copy of the administrative record, including the evidence upon which the findings and decisions complained of are based;
- (c) Upon such record, this Court modify the decision of the defendant to grant plaintiff maximum monthly disability insurance benefits and/or Supplemental Security Income benefits retroactive to the date of initial disability, or in the alternative, remand the case to the Commissioner of Social Security for reconsideration of the evidence; and
- (d) The Court grant such other and further relief as may be just and proper.

8. Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Plaintiff \_\_\_\_\_

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