

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

\_\_\_\_\_

\*

\_\_\_\_\_

\*

(Full name and address of plaintiff)

**Plaintiff,**

**Case No.** \_\_\_\_\_

\*

v.

**Commissioner, Social Security.**

\*

**COMPLAINT FOR DENIED SOCIAL SECURITY CLAIM**

1. Plaintiff is a resident of \_\_\_\_\_.  
(City or County and State)

2. Plaintiff complains of a decision against him/her bearing the following caption:

IN THE CASE OF:

CLAIM FOR:

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Type of benefits

\_\_\_\_\_  
Wage Earner (if different than Claimant)

Last Four Digits of Social Security Number of Claimant: \_\_\_\_\_

Last Four Digits of Social Security Number of Worker (if different than Claimant): \_\_\_\_\_

3. The date of the final decision by the Commissioner against plaintiff is \_\_\_\_\_

4. Plaintiff claims that the final decision of the Commissioner is erroneous as a matter of fact and as a matter of law.

WHEREFORE plaintiff seeks judicial review by this Court pursuant to 42 U.S.C. Section 405(g), and entry of judgment for such relief as may be proper, including costs.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number