

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA**

AT

Plaintiff,

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

v.

**CAROLYN W. COLVIN,
Acting Commissioner of Social Security,**

CIVIL ACTION

Defendant.

Plaintiff's name: _____
(first, middle, last and other names used, if any)

Plaintiff's current residence: _____
(street, apartment no., etc.)

(city, county, state and ZIP code)

Plaintiff's mailing address: _____
(post office box, etc.)

(city, county, state and ZIP code)

Child's full name *(if Social Security claim is for a child)*: _____
(first, middle, last and other names used, if any)

Social Security Number of person claiming benefits: _____

Social Security Number of parent or other relevant wage earner: _____

Date of birth of person claiming benefits: _____

Date of death of wage earner *(if a survivor's claim)*: _____

Jurisdiction and venue is based on 42 U.S.C. § 405(g).

Date of Appeals Council's decision: _____

The decision of the Commissioner should be *(select those which apply)*:

Reversed

Modified

Remanded

because it is not supported by substantial evidence, and/or because the Commissioner committed other error which is _____

Name of attorney *(if any)*: _____

Attorney's street address: _____

Attorney's telephone number: _____

Attorney's fax number: _____

Attorney's email address: _____

Signature of attorney

If the plaintiff is not represented by an attorney, complete the following:

Plaintiff's telephone number *(if any)*: _____

Plaintiff's fax number *(if any)*: _____

Plaintiff's e-mail address *(if any)*: _____

Signature of plaintiff, if no attorney