

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

Plaintiff,

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

v.

**FRANK BISIGNANO,
Commissioner of Social Security,**

CIVIL ACTION NO. _____

Defendant.

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

- I. Plaintiff is a resident of the County of _____ and the State of _____ . The last four digits of the Plaintiff's social security number are _____ .
- II. Plaintiff complains that the Commissioner's final decision dated _____ adversely affects the plaintiff in whole or in part. The Commissioner's final decision notifying plaintiff of right to sue bears the following caption:

Name of Claimant

Claim for (Disability, Survivor's Benefits, Etc.)

Name of Wage Earner

*Last four digits of Wage Earners Social
Security Number*

III. Please check the type of claim you are filing.

Claim Type		For Clerk's Office Use Only
<input type="checkbox"/>	Health Insurance-Aged	COA: 42:1395(ff) NOS: 861
<input type="checkbox"/>	Black Lung	COA: 30:0923 NOS: 862
<input type="checkbox"/>	Child Disability Claim	COA: 42:0405wc NOS: 863
<input type="checkbox"/>	Widow or Widower Claim	COA: 42:0405ww NOS: 863
<input type="checkbox"/>	Supplemental Security Income Claim (Title XVI)	COA: 42:1383 NOS: 863/864
<input type="checkbox"/>	Disability Insurance Benefits Claim (Title II)	COA: 42:0405 NOS: 863/864
<input type="checkbox"/>	Retirement & Survivor Benefits	COA: 42:0405(g) NOS: 865

IV. Plaintiff has exhausted administrative remedies in this matter and this court has jurisdiction for judicial review pursuant to 42 U.S.C § 405(g) and/or 1383(c)(3).

WHEREFORE, plaintiff seeks judicial review by this court and the entry of a judgment for such relief as may be proper, including costs.

V. 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 or modifying 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.**

If the plaintiff is <i>not</i> represented by an attorney, complete the following:
<i>Name of plaintiff</i>
<i>Mailing address</i>
<i>City/State/Zip Code</i>
<i>Telephone number</i>
<i>E-mail address</i>
<i>Signature of plaintiff, if no attorney</i>

If filed by an attorney, complete the following:
<i>Name of attorney and State Bar No.</i>
<i>Office</i>
<i>Mailing address</i>
<i>City/State/Zip Code</i>
<i>Telephone number</i>
<i>E-mail address</i>
s/ _____ <i>Signature of attorney</i>