UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF IOWA
_____ DIVISION

_____,	)	
Plaintiff,	)	
	)	
	)	Case No. _____
v.	)	
	)	
Commissioner of Social Security Administration,	)	
	)	
Defendant.	)	

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

I. Plaintiff, _____, resides at _____

_____, _____, _____,
street address city county

_____, _____, _____.
state zip code telephone number

II. The last four digits of plaintiff's social security number are __ __ __ __.

III. This is an action for judicial review of the final decision of the Commissioner of Social Security denying plaintiff disability insurance and/or supplemental security income (SSI) benefits (circle one or both).

IV. Plaintiff has exhausted all of his or her administrative remedies, and the Court has jurisdiction to review this matter pursuant to 42 U.S.C. §§ 1383(c)(3) and/or 405(g).

V. This action is timely filed as it is filed within 60 days of the date on which plaintiff received notice from the Appeals Council. That letter is dated _____

VI. The final decision of the Commissioner was not based on substantial evidence on the record because:

_____

_____

_____

_____

(State plainly why plaintiff is entitled to relief. Attach additional pages in necessary).

VII. The final decision of the Commissioner should be _____

_____.

(Indicate whether you believe the final decision should be reversed outright with directions to pay benefits, or reversed and remanded for further proceedings).

VIII. Venue is proper in this District because the plaintiff resides within this District.

WHEREFORE, plaintiff seeks judicial review by this Court and entry of judgment for such relief as may be proper, including costs and attorney fees, if applicable.

_____ _____

Signature of attorney or pro se Plaintiff Date

_____ _____

Address Telephone