

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

**Plaintiff,**

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

v.

**LELAND DUDEK,  
Acting 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 <b><i>not</i></b> 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>
<i>s/ _____</i> <i>Signature of attorney</i>