

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF LOUISIANA

CIVIL ACTION

\_\_\_\_\_  
Plaintiff

versus

NO. \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Social Security

COMPLAINT

The above-named plaintiff makes the following representation to this court for the purpose of obtaining judicial review of a decision of the defendant adverse to the plaintiff:

1. The plaintiff is a resident of \_\_\_\_\_ (City), \_\_\_\_\_ (State) and has a Social Security number ending in the last four digits \*\*\*-\*\*-\_\_\_\_.

2. The plaintiff complains of a decision which adversely affects the plaintiff in whole or in part. The decision has become the final decision of the Commissioner for purposes of judicial review and bears the following caption:

In the case of

Claim for

\_\_\_\_\_ (Claimant) \_\_\_\_\_

\_\_\_\_\_ (Wage Earner) \*\*\*-\*\*-\_\_\_\_ (last four digits of Social Security No.)

3. The plaintiff has exhausted administrative remedies in this matter and this court has jurisdiction fo judicial review pursuant to 42 U.S.C. 405 (g).

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

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Date

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Signature

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Printed Name

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Street Address

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City, State, Zip Code

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Telephone Number



Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* \_\_\_\_\_  
was received by me on *(date)* \_\_\_\_\_ .

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_ , and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_ , who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: \_\_\_\_\_ .

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_ .

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:



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