

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION**

| | | |
|---------------------------------------|---|-----------|
| |) | |
| |) | |
| Plaintiff, |) | |
| |) | |
| vs. |) | Cause No. |
| |) | |
| CAROLYN W. COLVIN, Commissioner |) | |
| of the Social Security Administration |) | |
| |) | |
| Defendant. |) | |

COMPLAINT

Comes now the plaintiff and for cause of action says the following:

1. The plaintiff resides within the Southern District of Indiana.

2. This is an action to review a final decision of the defendant Secretary of Health and Human Services. This Court has jurisdiction over the action pursuant to Section 205(g) of the Social Security Act, as amended, 42 U.S.C. § 405(g).

3. The plaintiff has previously filed application(s) for disability benefits and/or supplemental security income with the defendant and after various proceedings has been denied benefits.

4. a. The decision of the defendant Secretary is not supported by substantial evidence and should be reversed.

For Court Use:
NOS: 865
COA: 42:405id

b. In addition, there were errors of law which require that the decision be reversed, namely, that _____

_____.

WHEREFORE, the plaintiff prays that the final decision of the Secretary be reviewed and set aside, that the plaintiff be awarded benefits as previously sought and that the plaintiff be awarded all other relief found just and proper.

(Signature of Plaintiff)

Date

(Print name)

(Street Address)

(City, State, ZIP)

(Telephone Number)

For Court Use:
NOS: 865
COA: 42:405id