

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF MICHIGAN  
NORTHERN DIVISION

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\_\_\_\_\_

Plaintiff,

v.

Case No. \_\_\_\_\_

COMMISSIONER OF  
SOCIAL SECURITY,

Judge \_\_\_\_\_

Defendant.

\_\_\_\_\_ /

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

1. The plaintiff (whose Social Security Account number is \_\_\_\_\_) is a resident of \_\_\_\_\_.  
County State

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

In the case of:

Claim for:

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
Type of Benefit

\_\_\_\_\_  
Wage Earner

\_\_\_\_\_  
Social Security Number

3. The plaintiff has exhausted administrative remedies in this matter and this court has jurisdiction for 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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Attorney/Plaintiff's Signature

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Address

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Telephone

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