

**Notice to Counsel or Pro Se Plaintiff:** Under F.R.C.P. 4(i)(1), service on the Government of the Summons and Complaint must be made as follows: (1) by delivery, or certified or registered mail to the United States Attorney's Office for the Western District of Virginia; (2) by certified or registered mail to the Attorney General of the United States in Washington, D.C.; and (3) by certified or registered mail to the Office of the General Counsel, Social Security Administration, 300 Spring Garden St., 6th Floor, Philadelphia, PA 19123.

**IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF VIRGINIA**

\_\_\_\_\_  
**Plaintiff**

**CIVIL ACTION NO.** \_\_\_\_\_

v.

(To be assigned by Clerk, US District Court)

\_\_\_\_\_  
**Social Security Administration Defendant**

**COMPLAINT**

1. The Plaintiff, who is a resident of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(City) (State)  
seeks judicial review pursuant to 42 U.S.C. § 405(g) of an adverse decision of the Defendant  
which has become final and bears the following caption:

In the case of

Claim for

\_\_\_\_\_  
Claimant

\_\_\_\_\_

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

2. The Plaintiff has exhausted administrative remedies.

WHEREFORE, Plaintiff seeks judgment for such relief as may be proper including costs  
and attorney's fees.

\_\_\_\_\_  
*Attorney for Plaintiff / Pro Se Plaintiff (Signature)*

\_\_\_\_\_  
*Attorney for Plaintiff / Pro Se Plaintiff Name (Typed)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Date*