

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

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Plaintiff, SOCIAL SECURITY  
IDENTIFICATION FORM

Civil Action No:

Commissioner of Social Security,

Defendant.

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Please note that to obtain the necessary records from the Social Security Administration, the following information is required. This form will be lodged with the Court as a restricted document¹, only available to plaintiff and the attorneys for the Social Security Administration and the United States Attorney's Office for the Northern District of New York. Upon filing of the Administrative Record, this document will be removed from the Court's CM/ECF system.

Plaintiff's Full Name: _____

Plaintiff's Social Security Number: _____ - _____ - _____

Plaintiff's Date of Birth: _____ / _____ / _____

If case is filed on behalf of a minor:

Minor's Full Name: _____

Minor's Social Security Number: _____ - _____ - _____

Minor's Date of Birth: _____ / _____ / _____

If case is filed on behalf of another wage earner's record, please provide the following information:

Wage Earner's Full Name: _____

Wage Earner's Social Security Number: _____ - _____ - _____

Wage Earner's Date of Birth: _____ / _____ / _____

¹ To be entered on the Court's CM/ECF system as '**Social Security Identification Form**'