

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.

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**'