

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI

)	
)	
Plaintiff,)	
)	
v.)	Case No.
)	
COMMISSIONER OF SOCIAL SECURITY,)	
)	
Defendant.)	

SOCIAL SECURITY IDENTIFICATION FORM

Please note that to obtain the necessary records from the Social Security Administration, the following information is required. This form will be filed with the Court as a restricted document on the Court's CM/ECF system available only to plaintiff and plaintiff's attorney, the Social Security Administration, and the United States Attorney's Office for the Eastern District of Missouri.

Plaintiff's Full Name:	
Plaintiff's Social Security Number:	
If this case is filed on behalf of a minor, please provide the following:	
Minor's Full Name:	
Minor's Social Security Number:	
If this case is filed on behalf of another wage earner's record, please provide the following:	
Wage Earner's Full Name:	
Wage Earner's Social Security Number:	

Signature (Counsel for Plaintiff)
Print Name:
Address:
City/State/Zip:
Phone: