

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF OHIO**

	:	
	:	
<b>Plaintiff,</b>	:	<b>Case No.</b> _____
	:	
v.	:	<b>SOCIAL SECURITY</b>
	:	<b>IDENTIFICATION FORM</b>
<b>COMMISSIONER</b>	:	
<b>OF SOCIAL SECURITY,</b>	:	
	:	
<b>Defendant.</b>	:	

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<sup>1</sup>, available only to plaintiff and plaintiff’s attorney and attorney staff, the Social Security Administration, and the United States Attorney’s Office for the Southern District of Ohio. 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:	
<b>If this case is filed on behalf of a minor, provide the following:</b>	
Minor’s Full Name:	
Minor’s Social Security Number:	
<b>If this case is filed on behalf of another wage earner’s record, provide the following:</b>	
Wage Earner’s Full Name:	
Wage Earner’s Social Security Number:	

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<sup>1</sup> This form will be entered on the Court’s CM/ECF system as **Social Security Identification Form**.