

CONFIDENTIAL INFORMATION

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF GEORGIA

Plaintiff :
vs. : CIVIL ACTION NO. _____

COMMISSIONER OF SOCIAL SECURITY, :
Defendant :

LOCAL RULE 9.2 SOCIAL SECURITY IDENTIFICATION FORM

- Full Name and complete Social Security Number of Plaintiff, including that of a minor plaintiff not otherwise identified by his or her full name:

Full Name: _____

Social Security Number: _____

- If plaintiff's application for Social Security benefits was filed on another person's wage-record, provide that person's full name and Social Security Number:

Full Name: _____

Social Security Number: _____

Date

Signature