

CONFIDENTIAL INFORMATION

**THIS DOCUMENT MUST BE SERVED ON THE GOVERNMENT
ALONG WITH THE SUMMONS AND COMPLAINT.
IT IS NOT TO BE FILED WITH THE COURT.**

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

_____ :
vs. : CIVIL ACTION NO. _____
COMMISSIONER, SOCIAL SECURITY :

STATEMENT OF SOCIAL SECURITY NUMBER

Social Security Number of Claimant: _____

Social Security Number of Worker (if different than claimant): _____

(Date)

(Signature)

