

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**

Plaintiff,	*	
v.	*	Case No. _____
Defendant.	*	

STATEMENT OF SOCIAL SECURITY NUMBER

Social Security Number of Claimant: _____

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

Date

Signature

Printed Name

Address

Email Address

Telephone Number

Fax Number