

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

Plaintiff(s)

Case No.: _____

v.

ANDREW M. SAUL,

Commissioner of Social Security

Defendant

PERSONAL IDENTIFIER STATEMENT

The plaintiff hereby provides his/her full social security number as outlined in this Court's Case Opening Notice. I understand that if the plaintiff's application for social security benefits was filed on another person's wage-record or on behalf of a minor child, the social security number of that person or the minor child shall also be included below.

Name	City, State	Social Security Number

ATTENTION: Although this statement must be filed electronically via CM/ECF, this filing will not be available to the public via PACER or the Court's public access terminal and will only be available to the parties of this action to facilitate the timely compilation of the administrative record. A motion to seal need not be filed.

Respectfully submitted,

Name

Signature

Firm/Agency

Telephone Number

Address

Fax Number

City, State, Zip Code

E-mail Address