
SOCIAL SECURITY COMPLAINT STATISTICAL INFORMATION

This document is a statistical information sheet which is NOT docketed as part of your complaint with the U.S. District Court. This document is required and must be completed and sent to the **United States Attorney's Office** at the address below.

Plaintiff's Name: _____

Case Number: _____

Address: _____

City/State: _____

Zip Code: _____

SS Number: _____

Phone: _____

Email: _____

Request for Administrative Record:

Disk

Paper

Both

Date:

Signature of Plaintiff: _____

Please mail completed statistical information to:

United States Attorney's Office
New Haven Office
Connecticut Financial Center
157 Church Street
Floor 23
New Haven, CT 06510