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## SOCIAL SECURITY COMPLAINT STATISTICAL INFORMATION

This document is a statistical information sheet which is not docketed as part of your complaint. This document is required and must be completed and served on the United States Attorney's Office as part of the packet included with your complaint.

**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