UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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| *[Name of Plaintiff(s)]*  Plaintiff(s)v.*[Name of Defendant(s)]*  Defendant(s) |  | Case No.: *[Case Number with initials]* |

**Social Security Case Assignment Form**

**(Consent to Magistrate Judge or Request for District Judge Assignment)**

A United States magistrate judge is available to conduct all proceedings in this action under 42 U.S.C. 405(g) for review of a decision of the Commissioner of Social Security and to order the entry of a final judgment. The judgment may then be appealed directly to the United States Court of Appeals for the Eighth Circuit, like any other judgment of this Court. A magistrate judge may exercise this authority only if all parties voluntarily consent.

You may consent to have your case disposed of by a magistrate judge, or you may withhold your consent without adverse substantive consequences. The name of any party withholding consent will not be revealed to any judge who may otherwise be involved with your case.

Please indicate whether you consent to the disposition of your case by a magistrate judge by checking one of these boxes:

 I consent to have a United States magistrate judge conduct all proceedings in this case, including the entry of final judgment.

 I do not consent to have a United States magistrate judge conduct all proceedings in this case, and ask that a United States district judge be assigned to the case.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of attorney or unrepresented party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of party

**DO NOT FILE THIS FORM ON THE ECF SYSTEM.** Please submit a completed paper copy of this form to the following address:

United States District Court for the District of Minnesota

Clerk’s Office

300 South Fourth Street, Suite 202

Minneapolis, MN 55415

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