

**AGREEMENT FOR MEMBERS OF THE  
ATTORNEY PANEL FOR *PRO SE* SOCIAL SECURITY CASES**

I \_\_\_\_\_ (*print name*), am a member of the bar of \_\_\_\_\_.  
I have reviewed the protocol for the Eastern District of Pennsylvania's Attorney Panel for *Pro Se* Plaintiffs in Social Security Cases, and I am interested in serving as a member of the panel.

I understand that as a member of the panel, I will have electronic access to documents and records filed in *pro se* cases that contain personal identifying information about the plaintiff including but not limited to social security numbers, dates of birth, and medical information. **I agree that I will not use any personal identifying information obtained through my service on the panel for any purpose other than reviewing the cases on the panel and deciding whether to accept appointment.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail