**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF OKLAHOMA**

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| Plaintiff, |  |  |
| vs. |  | Case No.: |
|  |  |  |
|  |  | STATEMENT AS TO MAGISTRATE JUDGE JURISDICTION |
| ANDREW M. SAUL,  Commissioner, Social Security Administration, |  |
| Defendant. |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **THIS FORM SHALL BE USED ONLY FOR SOCIAL SECURITY CASES IN WHICH A MAGISTRATE JUDGE IS INITIALLY ASSIGNED PURSUANT TO LCvR40-1(c)**  **INSTRUCTIONS:** 1. Enter the filing party’s name.  2. Check one of the two boxes to indicate whether the party chooses to consent or decline magistrate judge jurisdiction in this case.  3. Complete and sign the bottom of the form.  4. E-mail the form to [Consents\_OKND@oknd.uscourts.gov](mailto:Consents_OKND@oknd.uscourts.gov) . Do **not** e-file this document. | | | | | | | |
| Party Name: | |  | | | | |
| **CONSENT to Magistrate Judge Jurisdiction**  In accordance with the provisions of 28 U.S.C. § 636(c), I voluntarily **consent** to have the assigned United States Magistrate Judge conduct all further proceedings in this case, including entry of final judgment. I understand that any appeal from the judgment shall be taken directly to the United States Court of Appeals for the Tenth Circuit.  **OR**  **DECLINE Magistrate Judge Jurisdiction**  In accordance with the provisions of 28 U.S.C. § 636(c), I **decline** to have the assigned United States Magistrate Judge conduct all further proceedings in this case, and I hereby request that this case be reassigned to a United State District Judge for any dispositive matter. | | | | | | | |
| Date: |  | | Signature: |  | | | |
|  |  | | Print Name: |  | | | |
|  | OK State Bar Number (if applicable): | | |  | |
|  | E-Mail Address: | |  | | |
|  | Firm Name: | |  | | |
|  | Mailing Address: | |  | | |
|  | City, State, Zip Code: | |  | | |
|  | Phone Number: | |  | | |
|  | Fax Number: | |  | | |