



Social Security Online

Disability Report - Appeal

Social Security Disability Report - Appeal (Form 3441)

About Your Appeal

If you are navigating using only the keyboard or using an assistive device and need help, visit our [instructional page for alternative views and navigation](#).

Warning: If you select this link, you will leave this secure site and go to a new browser window. You will automatically return to this page when you close the new browser window.

Please answer the following questions to verify where you should be within the Appeal Disability Report process. If you are unsure of the answers to any of these questions, please contact Social Security for assistance.

The OMB control number for this Internet Appeal Disability Report is XXXX-XXXX; expiration date X/XXXX

Do you live in the United States or one of its territories/commonwealths?

Yes No

If yes, select one:

#1--moved to iAppeals "About Your Appeal" screen

Did you receive a Notice of Decision?

(If you do not know which notice you received, see [What Is My Notice Title?](#))

Yes No

If yes, select notice title:

#2--moved to iAppeals "About Your Appeal" screen

#3--Deleted

Continue



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This Internet Disability Report Requires a Printer

To complete all required steps of this Disability Report, you will need to print, sign, and mail in several forms.

Since you do not have a printer, you cannot use this Internet report. You can use any of the following ways to complete the Appeal Disability Report:

- Call our toll-free number, **1-800-772-1213**. Explain that you are unable to use the online appeal process but do want to appeal the decision made in your case. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. A representative is available on Monday through Friday from 7 a.m. to 7 p.m.
- Go to your local Social Security Office and tell the representative that you want to appeal the decision made on your case.

[SSA Home](#)

Deleted--SSA no longer requires the use of a printer for the Internet Appeals screens.

[Prior Page](#)



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Should You Complete This Report?

Not everyone will be able to complete a Appeal Disability Report online. You must answer all of the following questions to help determine if you should use this Internet Report or if it would be better for you to speak with a Social Security representative first.

Important:

If you are completing this form for another person, such as a child or client, please note that wherever the questions ask for information about "you," they are referring to the disabled person.

General Information

What is your Social Security number?

Please enter your Social Security Number with no dashes.

#4--moved to iAppeals "Should You Use This Internet Appeal Process" screen

What is your date of birth?

 2003

#5--moved to iAppeals "Should You Use This Internet Appeal Process" screen

Do you have access to a working printer?

 Yes No

If you do not have a printer, you will not be able to complete this form online.

#6--Deleted

Notice of Decision

What is the date on the "<Notice of Decision>" you received?

(if you do not know which date we are referring to, see [What Is My Notice Date?](#))

#7--moved to iAppeals "Should You Use This Internet Appeal Process" screen

Have you sent an <Appeal Form> to us since you received your "<Notice of Decision>" letter?

 Yes No

#8--Deleted

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Name:
SSN:

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Reminder: Contact Us to Get the Request for Appeal

Based on the date you gave us, you have **XX** more days to send in the request for appeal. You may lose the right to appeal after MM/DD/YYYY. Ignore this reminder if you have already sent the request for appeal to Social Security.

What You Need to Do:

You need to contact us to determine which appeal form you should complete. Tell the Social Security representative that you are completing this report on the Internet, but you don't know which "Request for Appeal" form to complete. You may contact us:

- By phone at our toll-free number, 1-800-772-1213. If you are deaf or hard of hearing, call our toll-free "TTY" number, 1-800-325-0778. A representative is available Monday through Friday from 7 a.m. to 7 p.m.
- In person at your local Social Security Office and pick up a paper form.

#9--Deleted

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Sign Off (If finished)

Reminder: Print the Request for Reconsideration

Based on the date you gave us, you have XX more days to send in the Request for Reconsideration. You may lose the right to appeal after MM/DD/YYYY. Ignore this reminder if you have already sent this form to Social Security.

What you need to do:

1. Print the Request for Reconsideration form. Use the link below to access the form. When you select the link, the form will launch in a new browser window. You may close the window after you have printed the form in order to return to this Disability Report. This form is in Portable Document Format (PDF) and requires Adobe Acrobat Reader to open it and print it. If you don't have Adobe Acrobat Reader on your computer you can download it at <http://access.adobe.com>.
2. Complete and sign the form. For instructions on how to complete this form, go to: <http://www.ssa.gov/online/ssa-561.html>
3. Mail it to your local Social Security office.

Print one copy.
SSA-561 Request for Reconsideration

If you have printing problems:

Please try again. If you are still unable to print, please continue. Contact Social Security at the address and phone number we will give you later to tell us that you could not print the Request for Reconsideration form.

Continue

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04/11/2003



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Sign Off: (fill finish later)

Reminder: Print the Request for Hearing

Based on the date you gave us, you have XX more days to send in the Request for Hearing by Administrative Judge. You may lose the right to appeal after MM/DD/YYYY. Ignore this reminder if you have already sent this form to Social Security.

What you need to do:

1. Print the Request for Hearing by Administrative Law Judge form. Use the link below to access the form. When you select the link, the form will launch in a new browser window. You may close the window after you have printed the form in order to return to this Disability Report. This form is in Portable Document Format (PDF) and requires Adobe Acrobat Reader to open it and print it. If you don't have Adobe Acrobat Reader on your computer you can download it at <http://access.adobe.com>.
2. Complete and sign the form. For instructions on how to complete this form, go to: <http://www.ssa.gov/online/ha-501.html>
3. Mail or bring it to your local Social Security office.

**Print one copy.
HA-501 Request for Hearing by Administrative Law Judge**

If you have printing problems:

Please try again. If you are still unable to print, please continue. Contact Social Security at the address and phone number we will give you later to tell us that you could not print the Request for Hearing form.

Continue

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Sign Off (I'll finish later)

Reminder: Print the Request for Reconsideration - Disability Cessation

Based on the date you gave us, you have **XX** more days to send in the Request for Reconsideration - Disability Cessation. You may lose the right to appeal after MM/DD/YYYY. Ignore this reminder if you have already sent this form to Social Security.

What you need to do:

1. Print the Request for Reconsideration - Disability Cessation form. Use the link below to access the form. When you select the link, the form will launch in a new browser window. You may close the window after you have printed the form in order to return to this Disability Report. This form is in Portable Document Format (PDF) and requires Adobe Acrobat Reader to open it and print it. If you don't have Adobe Acrobat Reader on your computer you can download it at <http://access.adobe.com>.
2. Complete and sign the form. For instructions on how to complete this form, go to: <http://www.ssa.gov/online/ssa-789.html>
3. Mail it to your local Social Security office.

Print one copy.**SSA-789 Request for Reconsideration - Disability Cessation**

If you have printing problems:

Please try again. If you are still unable to print, please continue. Contact Social Security at the address and phone number we will give you later to tell us that you could not print the Request for Reconsideration - Disability Cessation form.

Continue

#12--Deleted