



## Welcome!

This is the starting point to request a review of our medical decision about your eligibility for disability benefits. There are two parts to this Internet Appeal process: (1) an Appeal Request Internet form, and (2) an Appeal Disability Report that gives us more information about your condition. You can complete both forms online. To appeal online, the only form you are required to submit is an appeal request (Part 1). However, we encourage you to submit an Appeal Disability Report (Part 2) because it will give us more information about you and help us in processing your appeal. We estimate it will take 18 to 20 minutes, with an average of 19 minutes, to complete Part 1; and 15 to 45 minutes, with an average of 30 minutes, to complete Part 2. If you do not want to use the Internet to request your appeal, there are [Other Ways to Request an Appeal or Complete a Disability Report](#).

**Note:** We use the term "claimant" to refer to the adult or child whose disability decision is being appealed.

### To be able to use this Internet process, the claimant must:

- Have applied for benefits
- Have received a "Notice of Disapproved Claim", a "Notice of Reconsideration", or "Notice of Federal Reviewing Official Decision", and have the notice available when beginning this process. (If you do not know which notice you received, refer to [About Your Notice](#).)
- Disagree with the disability decision
- Live in the United States or one of its territories.



**If any of the above statements are not true, stop here and contact Social Security.**

### Completing the Internet Appeal Process

The first part of your appeal is the Appeal Request. The next five pages explain this request and help you get ready to provide the information we need. The sixth page is the Appeal Request form. We will ask you to provide information about your representative if you have one. You will be able to review the information you provide before sending it to us electronically. The Appeal Request is a short form and you must complete and submit it in a single session. You will not be able to come back to it later.

Part 2 of the two-part Internet process is completing the Appeal Disability Report. We will walk you through completion of this report right after you submit the Appeal Request. The Report asks you to tell us about any changes that have occurred since the claimant last completed a disability report. This includes information about the claimant's condition, doctors or other medical sources and treatment, work activity and education. You do not have to complete this report all at once. Later we will tell you how to return to an Appeal Disability Report that you had started earlier.

**To start the Internet Appeal Request and Disability Report process,** select this button.

Start the Appeal

Already started an Appeal Disability Report? Then select this button.

Go Back to the Report I Already Started

### If You Have Questions

Call 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**. Representatives are available Monday through Friday from 7 AM to 7 PM.


### More Information about Disability and the Appeal Process

[How the Disability Appeals Process Works](#)  
[Your Right to Representation](#)  
[Social Security's Definition of Disability for Adults](#)  
[Social Security's Definition of Disability for Children](#)  
[Internet Security Policy](#)  
[Social Security's Accessibility Policy](#)  
[Privacy Information](#)  
[Information about Social Security's Disability Programs](#)

See Revised Privacy Act Statement

Social Security Online  
www.socialsecurity.gov

## Appeals Process



### Privacy information for Internet Appeals

The Social Security Act (section 205(a), 702, 1631(e)(1)(A) and (B), and 1969(b)(1) and (c), and Public Law 106-199 (Section 809(a)(1)) of Sections 251 (a) and Section 1856(i) of the Act (P.L. 108-173) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits, or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program, to the President or Congressman inquiring on your behalf, to an independent party who needs statistical information for a research paper or audit report on a Social Security program, or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

Close this window to return to the appeal process.

See Revised Paper Work  
Reduction Act



### Paperwork Reduction Act

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB Control Number for the Internet Appeal Disability Report is 0900-0144. The expiration date for this OMB Control Number is 8/31/2010. We estimate you will need 15 to 45 minutes, with an average of 30 minutes, to complete the Appeal Disability Report.

You may send comments on our time estimate about to SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. **Send ONLY comments relating to our time estimate to this address, not the completed form.**

#### If You Have Questions

Call 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**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

Close this window to return to the appeal process.



### Submitting additional evidence

**If you have additional evidence to submit in support of your claim:**

- If the evidence is medical information, we can request it from the source. Please include the name and address of the doctor, hospital or other source when you complete the Appeal Disability Report, which is Part 2 of the Internet Appeal process.
- If you have evidence in your possession that you wish to submit, please send it to Social Security with the other documents we will ask you to print at the end of Part 2. We will give you the address of your local office.

**If you are not submitting additional evidence now but would like to do so later:**

- Please submit your evidence to the hearing office within 10 days.
- You may submit it directly to the hearing office that is handling your case. Your local Social Security office can give you the address.
- If you received a "Notice of Federal Reviewing Official Decision" you **must** submit your evidence no fewer than five days before your hearing unless you have a good reason for not doing so.

Close this window to return to the appeal process.



## About this Internet Appeal Process

### Using Social Security Online Services

Using the Internet Appeal Request and Disability Report gives you:

- Security and privacy for your information.
- Step by step instructions and examples to help you complete the Appeal Request and the Disability Report.
- A process to collect information that applies to you, similar to the interview process in a Social Security Office.
- The ability to work at your own pace, stopping when you want and coming back to finish later.

### What You Will Need

The Internet Appeal Request and Disability Report process asks for information about the adult or child whose disability decision is being appealed (the "claimant") and his or her medical history.

For us to decide that the claimant is disabled under the Social Security Act and its regulations, you must give us as much information as possible so we can contact your doctors and hospitals directly to get your medical records. It is important that you give us the names, addresses, and dates of treatment for all your doctors and hospitals. The list below provides details about what you will need.

#### For Part 1: The Appeal Request

- Your Social Security Number, name, address, and telephone number, if you have one.
- Your Notice of Decision.
- Information about your representative, if you have one. Use this link for [more information about having a representative](#).

#### For Part 2: The Disability Report

- The name, address including ZIP code, and telephone number of someone else who knows about your illnesses, injuries and conditions (referred to only as conditions from here on) and can give us information about you. (**Note:** The instructions page for Part 2 provides a link for ZIP code lookup, if you need it.)
- A description of any changes in your conditions since you last completed a disability report, including new physical and mental limitations and new conditions.
- The names, addresses including ZIP codes, and telephone numbers for all doctors, hospitals, and clinics that you have seen since you last completed a disability report, and the dates you saw them.
- The name of each medical test that you have had since you last completed a disability report, when and where the test was done, and who ordered it.
- The name of each current prescription and over-the-counter medicine that you take and the doctor who prescribed it.

### Other Information

Third Party Links: Some Social Security Online pages contain links to third party sites not operated by SSA. Those sites are not within our control and may not follow the same privacy, security, or accessibility standards as ours. We are not responsible for the content or availability of those sites, their partners, or advertisers.

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### Your right to representation

You can handle your own Social Security appeal with free help from Social Security, or you can choose a lawyer, a friend or someone else to help you. Someone you appoint to help you is called your "representative". You cannot choose someone who has been suspended or disqualified from representing others before the Social Security Administration or who may not, by law, act as a representative. You may contact your local Social Security office for a list of legal referral and service organizations. We will work with your representative, just as we would work with you.

If you want to appoint someone as your representative, you or your representative must first complete SSA-1696 (Appointment of Representative) or send a written statement naming your representative. If your representative is not an attorney, he or she must sign the statement or SSA-1696 or state in writing that he or she accepts the appointment, before you send it to us.

Your representative cannot charge or collect a fee from you without first getting written approval from Social Security. However, your representative may accept money from you in advance as long as it is held in a trust or escrow account.

Both you and your representative are responsible for providing us with accurate information. It is illegal to furnish false information knowingly and willfully. If you do, you may face criminal prosecution.

You can get more information about having a representative by selecting the link [Your Right to Representation](#).

#### If You Have Questions

Call 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**. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.



### Who is the wage earner?

The wage earner is a person who earns Social Security credits while working for wages or self-employment income. He or she is sometimes referred to as the "Number Holder" or "Worker".

If the Claim Number is not your own Social Security Number, then the wage earner is the spouse or parent on whose record you filed for disability. You should enter his or her name in the space provided.

You may continue without providing this information.

#### If You Have Questions

Call 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**. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.



## About your notice and claim numbers

This example is just to show you where to look for your notice title. In order to continue, your notice title should be one of the following:

- Notice of Disapproved Claim
- Notice of Reconsideration
- Notice of Federal Reviewing Official Decision

If more than one claim number is shown on your notice, please enter the first one.

SOCIAL SECURITY ADMINISTRATION Retirement, Survivors, and Disability Insurance Supplement Security Income Notice of Reconsideration	This is your Notice title.
Date: [Month, Day, Year] Claim Number: [000-00-0000 A]	This is your claim number, including any letter(s) at the end.
[Your Name] [Your Address]	
You asked us to take another look at your claim for Social Security disability benefits. Someone who did not make the first decision reviewed your case, including any new facts we received, and found that the first decision was correct.	

### If You Have Questions

Call 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**. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.





### You cannot use the Internet to complete your Appeal Request

You do not meet one or more of the qualifications to file your request for appeal using the Internet. To request an appeal, you should contact Social Security immediately as explained below and tell them that you received this message.

To contact Social Security:

- 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**. Representatives are available Monday through Friday from 7 AM to 7 PM.
- Visit your [local Social Security Office](#) and tell the representative that you want to appeal the decision made on your case.

Select the Exit button to leave this report. You will be taken to the Social Security home page.

Exit



## Should you use this Internet Appeal Process?

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

Items marked with an asterisk ( \* ) are required.

\* Do you live in the United States or one of its territories / commonwealths?  Yes  No

\* Did you receive a notice of decision?  Yes  No

Continue



## About your appeal

Thank you and welcome to the Internet Appeal Request.

Please answer the following questions to help us determine how to guide you through the Internet Appeal process. If you are unsure of the answers to any of these questions, please contact Social Security for assistance.

Items marked with an asterisk ( \* ) are required.

<b>* Claimant Name:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Suffix (if any) <input type="text"/>
<small>(Enter the First, Middle, and Last Name of the person applying for benefits.)</small>				
<b>* Claimant Social Security Number:</b>	<input type="text"/>			
<small>Please enter the Social Security Number without dashes or hyphens.</small>				
<b>* Claimant date of birth:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>* What is the date on the "Notice of Decision" you received?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<small>(If you do not know which date we are referring to, see <a href="#">What Is My Notice Date?</a>)</small>				
<b>* Claimant residence ZIP code:</b>	<input type="text"/>			
<small>(Enter the ZIP code for the <b>address where the claimant lives</b>. This helps us to process the appeal properly.)</small>				

Continue

Name: **John Public**  
SSN: **XXX-XX-0285**



## About the Request for Hearing by Administrative Law Judge

OMB No. 0960-0296

If you do not agree with the determination we made on your claim, you may file a request for hearing before an Administrative Law Judge (ALJ). To request a hearing, you need to complete an HA-501-U5, Request for Hearing by Administrative Law Judge. The next few pages allow you to electronically complete and submit the HA-501. The last page of Part 1 is a Receipt page with a date and time confirmation that you should print and save for your records.

If you are requesting a hearing on the denial of a claim for disability benefits, there are additional forms you need to complete to send with your request for an Appeal. These forms are the SSA-3441, Disability Report - Appeal, and the SSA-827, Authorization to Disclose Information to SSA. The SSA-3441 is the electronic form you will complete as Part 2 of this Internet Appeal process, and it includes a link to the SSA-827.

You may also need to complete a form SSA-1696, Appointment of Representative, if you are appointing a representative. If your representative is not an attorney, he or she must sign the SSA-1696 or state in writing that he or she accepts the appointment, before you send it to us. Both the Appeal Request Receipt page and the Appeal Disability Report include a link to the SSA-1696.

You must file your appeal within 60 days from the date you got the determination. We assume you got the determination within 5 days of the date shown on that notice unless you can show us you did not get it within the 5-day period.

If you have additional evidence, please submit it to the hearing office within 10 days.

If you have any questions, you may call our toll-free number, **1-800-772-1213**, (for people who are deaf or hard of hearing, call our "TTY" number, **1-800-325-0778**), or contact your [local Social Security Office](#). When you contact us, be sure to have any letters we sent you. It will help us answer your questions.

We estimate you will need 20 minutes to complete this Request for Hearing. If you want more information, use this link to read about the [Paperwork Reduction Act](#).

If you want to know more about how we may use the information you give us, please refer to [Privacy Information](#).

If you want to file your request for a hearing online, please select the Continue button to go to the next page. If you choose not to complete your request online, please select the Exit button to leave this appeal process.

Name: **John Public**  
SSN: **xxx-xx-0283**



## About the Request for Reconsideration

OMB No. 0960-0622

**FIRST APPEAL:** The letter you received about our determination on your case tells you about your right to request a reconsideration of our determination on your case. To request this review, you need to complete an SSA-561-U2, Request for Reconsideration. The next few pages allow you to electronically complete and submit the SSA-561. The last page of Part 1 is a Receipt page with a date and time confirmation that you should print and save for your records.

**EVIDENCE:** You should mail any information you have that shows our original determination was not correct to the Social Security Office address provided at the end of Part 2. You should also complete the SSA-3441, Disability Report - Appeal, and complete, sign and date the SSA-827, Authorization to Disclose Information to SSA. The Appeal Disability Report (SSA-3441) is Part 2 of this Internet Appeal Process, and it includes a link to the SSA-827.

You may also need to complete a form SSA-1696, Appointment of Representative, if you are appointing a representative. If your representative is not an attorney, he or she must sign the SSA-1696 or state in writing that he or she accepts the appointment, before you send it to us. Both the Appeal Request Receipt page and the Appeal Disability Report include a link to the SSA-1696.

If you have questions, you may call our toll-free number, **1-800-772-1213**, (for people who are deaf or hard of hearing, call our "TTY" number, **1-800-325-0778**), or contact your local [local Social Security Office](#). When you contact us, be sure to have any letters we sent you. It will help us answer your questions.

We estimate you will need 18 minutes to complete this Request for Reconsideration. If you want more information, use this link to read about the [Paperwork Reduction Act](#).

If you want to file your request for review online, please select the Continue button to go to the next page. If you choose not to complete your request online, please select the Exit button to leave this appeal process.

[Exit](#) [Continue](#)

Name: **John Public**  
SSN: **xxx-xx-0283**



## How this Internet appeal request works

### How to Move Around in the Internet Appeal Request

- To move forward page by page, select the Continue button at the bottom of the page.
- 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](#). **Note:** 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.
- Additional information may appear in a new browser window. Close that window to return to the appeal process.



#### IMPORTANT:

- **Do NOT use the Enter key to move around in the report or to select from the drop-down lists.**
- To move backward page by page in the report, select the Previous Page button at the bottom of the page. **Do NOT use the "Back" button on your browser to move backward.**
- **You will receive a time-limit warning if you stay more than 25 minutes on a page. After the third warning on a page, you must move to another page or your time will run out and all your work will be lost.** (Note: If you have turned off JavaScript in your browser, you will not receive these warnings. After 30 minutes on a page, you must go to another page or your session will end, and your work on the last page will be lost.)

[Special Instructions for Blind Users](#)

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Continue

Name: **John Public**  
SSN: xxx-xx-0285



## Request for Hearing by Administrative Law Judge

Please enter your Appeal Request information.

Items marked with an asterisk ( \* ) are required.

**Claimant Name:** John G Public  
(First, Middle, Last)

**\* Claimant Address:**

Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101. If the address on your notice is correct, please enter it exactly as it appears on the denial notice.

\* (Street Line 1)

(Street Line 2)

(Street Line 3)

(Street Line 4)

\* (City, State, ZIP Code)    21087

**Claimant Telephone Number:**   
Example: (111) 222-3333

**Claimant Fax Number:**   
(if known)

**Claimant Social Security Number (SSN):** xxx-xx-0285

**Claimant Claim Number:**   
(if different from SSN):  
[What is the Claim Number?](#)

**Wage Earner Name**    Suffix (if any)   
(if different from Claimant):  
(First, Middle, Last)  
[Who is the Wage Earner?](#)

### I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE.

Enter a brief explanation of the reason for your appeal. 205 character maximum. This is about 4 lines of typing.

\* I disagree with the determination made on my claim because:

You have entered 0 characters

An Administrative Law Judge of the Social Security Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

\* I have additional evidence to submit:  Yes  No

If yes, you will be asked to give us the name and address of the source of additional evidence in Part 2 of the Internet Appeal process. For more information about how to submit additional evidence, use the link [Submitting Additional Evidence](#).

### Do you wish to appear at a hearing?

\* Select one answer:  I wish to appear at a hearing.  
 I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete [Waiver of Your Right to Personal Appearance Before an ALJ](#), HA-4608.)

You have a right to be represented at the hearing. Use this link if you want to know [more about representatives](#).

\* Do you currently have a representative?  Yes  No

\* Select one answer:  I am completing this form as the Claimant.  
 I am completing this form as the Claimant's Representative.

Select the Continue button to review your information before sending it to the Social Security Administration. Select the Previous button if you want to review the previous page of instructions.

Name: **John Public**  
SSN: **xxx-xx-0283**



## Request for Reconsideration

Please enter your Appeal Request information.

Items marked with an asterisk ( \* ) are required.

**Name of Claimant:** John G Public

(First, Middle, Last)

**\* Claimant Mailing Address:**

Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101. If the address on your notice is correct, please enter it exactly as it appears on the denial notice.

\* (Street Line 1)

(Street Line 2)

(Street Line 3)

(Street Line 4)

\* (City, State, ZIP Code)   21087

**Claimant Telephone Number:**   
Example: (111) 222-3333

**Wage Earner Name**   Suffix (if any)

(First, Middle, Last)

[Who is the Wage Earner?](#)

**Claimant Social Security Number (SSN):** xxx-xx-0283

**Claimant Claim Number:**   
(If different from SSN):  
[What is the Claim Number?](#)

**Supplemental Security Income (SSI) Claim Number:**   
[What is the Claim Number?](#)

**I do not agree with the determination made on the above claim and request reconsideration.**

Enter a brief explanation of the reason for your appeal. 205 character maximum. This is about 4 lines of typing.

**\* My reasons are:**

You have entered 0 characters

**\* Do you currently have a representative?**  Yes  No

**\* Select one:**  
 I am completing this form as the Claimant.  
 I am completing this form as the Claimant's Representative.

Select the Continue button to review your information before sending it to the Social Security Administration. Select the Previous button if you want to review the previous page of instructions.



Name: John Public  
SSN: xxx-xx-0283



## Representative's information

You said earlier that the claimant has a representative. If this is not correct, you can [Change Your Answer](#) if the claimant has not done so previously, he or she may need to complete and submit a form SSA-1696 (Appointment of Representative). See [About Your Right to Representation](#) for more information.

Items marked with an asterisk ( \* ) are required.

<b>* Representative's Name:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Suffix (if any) <input type="text"/>
(First, Middle, Last)				
<b>* Is the Representative an attorney?</b>	<input type="radio"/> Yes <input type="radio"/> No			
<b>* Mailing Address:</b>	Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101			
<b>* (Street Line 1)</b>	<input type="text"/>			
<b>(Street Line 2)</b>	<input type="text"/>			
<b>(Street Line 3)</b>	<input type="text"/>			
<b>(Street Line 4)</b>	<input type="text"/>			
<b>* (City, State, ZIP Code)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Telephone Number:</b>	<input type="text"/>			
Example: (111) 222-3333				
<b>Fax Number:</b>	<input type="text"/>			
(If known)				

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Name: John Public  
SSN: xxx-xx-0285



### Submit your Request for Hearing (Filed by representative)

Please review your Request for Hearing By Administrative Law Judge information below before sending it to the Social Security Administration.

- If you **agree** with all your statements, select the Send button to submit this Request for Hearing By Administrative Law Judge to Social Security.
- If you **disagree** with any of your statements, select the Previous Page button to go back and correct the information.

Claimant's name is John G Public. The Claimant's address is 555 Main Street, Anywhere, MD 21087. The Claimant's phone number is (410) 555-1212.

Claimant's Social Security Number is xxx-xx-0285. Claimant's claim Number is xxx-xx-1234A.

The Claimant disagrees with the determination made on his or her claim because Any Reason.

The Claimant is represented by Mike P Public, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's address is 111 South Street, Anywhere, MD 21212.

The Claimant understands that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in my case. The Claimant also understands that he or she will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

The Claimant has been advised of the right to appear in person before an Administrative Law Judge. The Claimant understands that a personal appearance before an Administrative Law Judge would provide an opportunity to present written evidence, personal testimony and the testimony of other witnesses. The Claimant understands that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.

The Claimant does not wish to appear at a hearing. The Claimant will complete Waiver Form HA-4608 and send it to:  
SOCIAL SECURITY ADMINISTRATION  
315 N WASHINGTON ST  
ROCKVILLE, MD 20850

I have additional evidence to submit with this request. I will provide the name and address of the source of additional evidence on the Internet Disability Report, which is the next report I am to complete in this Internet Appeals process. If I have additional evidence such as a doctor's report, I will send it with the other documents I am to print out at the end of Part 2 and submit to the hearing office within 10 days. The servicing Social Security Office can provide the address.

If you have reviewed all of your information and are ready to submit your Request For Hearing By Administrative Law Judge, read the statement below. Checking the box next to your name means that you agree with the statement.

I, Mike P Public declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.



**Important: After you submit this Request For Hearing By Administrative Law Judge, you will not be able to come back to it. Check the box next to your name to indicate that you have read the statement and it is accurate.**

I, Mike P Public, read and agree with the above.

Name: **John Public**  
SSN: **xxx-xx-0283**



## Submit Your Request for Reconsideration (Filed by representative)

Please review your Request for Reconsideration information below before sending it to the Social Security Administration.

- If you **agree** with all your statements, select the Send button to submit this Request for Reconsideration to Social Security.
- If you **disagree** with any of your statements, select the Previous Page button to go back and correct the information.

Claimant's name is John G Public. The Claimant's mailing address is 555 Main Street, Anywhere, MD 21087. The Claimant's phone number is (410) 555-1212.

Claimant's Social Security Number is xxx-xx-0283.

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: Any Reason.

The Claimant is represented by Mike P Public, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's address is 111 South Street, Anywhere, MD 21212.

If you have reviewed all of your information and are ready to submit your Request For Reconsideration, read the statement below. Checking the box next to your name means that you agree with the statement.

I, Mike P Public declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.



**Important: After you submit this Request for Reconsideration, you will not be able to come back to it. Check the box next to your name to indicate you have read the statement and it is accurate.**

I, Mike P Public, read and agree with the above.

Name: John Public  
SSN: xxx-xx-0285



## Receipt of Request for Hearing (Filed by representative)

**We recommend that you print or save this page for your records now because you will not be able to return to this page later.** We have included the details of the Request for Hearing By Administrative Law Judge that we received. If you disagree with any of your statements, you should contact us within ten days after June 20, 2008 to let us know.

### Next Steps

- Carefully review the information below. Contact Social Security within ten days if it is not correct.
- Print and keep this confirmation page for your records.
- Select the Start Part 2 button at the bottom of this page to begin Part 2 of the Internet Appeal process, the Disability Report. We will not have all of the information that we need to process your appeal until you submit the Disability Report.

The Request for Hearing by Administrative Law Judge was received by Social Security on June 20, 2008 at 9:34:03 am.

Claimant's name is John G Public. The Claimant's address is 555 Main Street, Anywhere, MD 21087. The Claimant's phone number is (410) 555-1212.

Claimant's Social Security Number is xxx-xx-0285. Claimant's claim Number is xxx-xx-1234A.

The Claimant disagrees with the determination made on his or her claim because Any Reason.

The Claimant is represented by Mike P Public, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's address is 111 South Street, Anywhere, MD 21212.

The Claimant understands that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in my case. The Claimant also understands that he or she will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

The Claimant has been advised of the right to appear in person before an Administrative Law Judge. The Claimant understands that a personal appearance before an Administrative Law Judge would provide an opportunity to present written evidence, personal testimony and the testimony of other witnesses. The Claimant understands that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.

The Claimant does not wish to appear at a hearing. The Claimant will complete Waiver Form HA-4608 and send it to:  
SOCIAL SECURITY ADMINISTRATION  
315 N WASHINGTON ST  
ROCKVILLE, MD 20850

I have additional evidence to submit with this request. I will provide the name and address of the source of additional evidence on the Internet Disability Report, which is the next report I am to complete in this Internet Appeals process. If I have additional evidence such as a doctor's report, I will send it with the other documents I am to print out at the end of Part 2 and submit to the hearing office within 10 days. The servicing Social Security Office can provide the address.

Start Part 2

Name: **John Public**  
SSN: **xxx-xx-0283**



## Receipt of Request for Reconsideration (Filed by representative)

**We recommend that you print or save this page for your records now because you will not be able to return to this page later.** We have included the details of the Request for Reconsideration that we received. If you disagree with any of your statements, you should contact us within ten days after June 20, 2008 to let us know.

### Next Steps

- Carefully review the information below. Contact Social Security within ten days if it is not correct.
- Print and keep this confirmation page for your records.
- Select the Start Part 2 button at the bottom of this page to begin Part 2 of the Internet Appeal process, the Disability Report. We will not have all of the information that we need to process your appeal until you submit the Disability Report.

The Request for Reconsideration was received by Social Security on June 20, 2008 at 9:38:32 am.

Claimant's name is John G Public. The Claimant's mailing address is 555 Main Street, Anywhere, MD 21087. The Claimant's phone number is (410) 555-1212.

Claimant's Social Security Number is xxx-xx-0283.

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are:  
Any Reason.

The Claimant is represented by Mike P Public, who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative). The Representative's address is 111 South Street, Anywhere, MD 21212.

[Start Part 2](#)

***SSA will insert the following revised Privacy Act Statement into the form at its next scheduled reprinting:***

Privacy Act Notice

We are authorized to collect the information on this form under sections 205(a) and (b), 223(d), and 1631(e)(1) of the Social Security Act. We will use the information you provide on this form to make a decision on your claim or case. Your response to this request is voluntary. However, failure to provide all or part of the information could prevent us from making an accurate and timely decision on your claim or case.

We rarely use the information you supply for any purpose other than for determining your living arrangements. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following: (1) to enable a third party or an agency to assist Social Security in establishing rights to Special Veterans Benefits; (2) to comply with Federal laws requiring the release of information from Social Security records (e.g., to the Department of Veterans Affairs); (3) to make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and (4) To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

*SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:*

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 120 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***