

RECONSIDERATION REQUEST 1/ FEDRO

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789	0	1	2	3	4	5	6	7	8
1	C	MCS RECONSIDERATION REQUEST(RCN1) OR FEDRO (FDR1)SD3									4
2	O	NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS									
3	L										
4	U	CROSS REFERENCE SSN: SSSSSSSSS BIC: SS SSN: SSSSSSSSS BIC: SS									
5	M	APPELLANT (IF OTHER THAN CLMT OR REP): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
6	N	ADDRESS: XXX									
7	*	XX									
8	O	CITY: XXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 PHONE: 999 999 9999									
9	N	COUNTRY: XXXXXXXXXXXXXXXX CONSUL CODE: 999									
10	E	BIC: XX SPOUSE SSN: 999999999 CASE TYPE: 9 1. INITIAL ENT									
11		EXPLANATION PROVIDED (Y/N): X REQUESTED (Y/N): X									
12	R	APPEAL CLAIM TYPE: 9 9									
13	E	1. RSI RSI 5. SSI BLIND/TITLE II SSBC									
14	S	2. DISABILITY WORKER OR CHILD DIWC 6. SSI DISABILITY/TITLE II SSDC									
15	E	3. DISABILITY WIDOW(ER) DIWW 7. HEALTH INS ENT HIE									
16	R	4. SSI AGED/TITLE II SSAC 8. OTHER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
17	V	ISSUE: XXX									
18	E	REASON REQUESTED: XXX									
19	D	XX									
20		XX									
21		XX									
22		ADDITIONAL EVIDENCE (Y/N/F): X									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

\*THE TITLE OF THIS SCREEN WILL CHANGE BASED ON THE SELECTION MADE ON THE NAPP (APPEALS ESTABLISHMENT SCREEN)

The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional

Ln	0	1	2	3	4	5	6	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789							0	
1	C	MCS	RECONSIDERATION REQUEST 2 OR FEDRO 2				SD3		5	
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSS	
3	L									
4	U	SSI APPEAL:	9	1. CASE REVIEW	2. INFORMAL CONFERENCE	3. FORMAL CONFERENCE				
5	M									
6	N	IF CLAIMANT REQUESTS OPTION 2 OR 3 UNDER SSI RECON, IS INTERPRETER								
7	*	NEEDED (Y/N):	X	IF YES, SPECIFY LANGUAGE:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
8	O	REPRESENTED (Y/N):	X	IF NO, LEGAL REFERRAL LIST TO CL (Y/N):	X					
9	N	ATTORNEY/REP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX				IF YES, ATTY (Y/N):	X		
10	E	ATTORNEY/REP ADDRESS:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX			
11										
12	R	CITY:	XXXXXXXXXXXXXXXXXXXX		STATE:	XX	ZIP:	99999	PHONE:	999 999 9999
13	E	COUNTRY:	XXXXXXXXXXXXXXXXXXXX		CONSUL CODE:	999				
14	S	FILED BY:	9	1. APPELLANT	2. REP	DATE FILED:	999999			
15	E									
16	R	DETER DATE BEING APPEALED:	999999		TIMELY REQUEST (Y/N):	X				
17	V	IF NO,:	9	1. CLMT'S EXPLANATION	2. OTHER INFORMATION	3. BOTH 1 AND 2 APPLY				
18	E	EXPLANATION:	XX							
19	D		XX							
20			XX							
21			XX							
22		DATE SCREEN BEGUN:	999999							
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional

Ln	0	1	2	3	4	5	6	7	7	8		
No	1	23456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789	0							0		
1	C	MCS							HEARING REQUEST 1		HNG1 SD3	6
2	O	NH	SSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSS	SSSSS	SSSSSSSSSS			
3	L											
4	U	CROSS REFERENCE		SSN: SSSSSSSSS	BIC: SS	SSN: SSSSSSSSS	BIC: SS					
5	M	APPELLANT (IF OTHER THAN CLMT OR REP) XX										
6	N	ADDRESS: XX										
7	*	XXX										
8	O	CITY: XXXXXXXXXXXXXXXXXXXXXXX	STATE: XX	ZIP: 99999	PHONE: 999 999 9999							
9	N	COUNTRY: XXXXXXXXXXXXXXXXX	CONSUL CODE: 999									
10	E	BIC: XX	SPOUSE SSN: 999999999	CASE TYPE: 9	1. INITIAL ENT							
11		APPEAL CLAIM TYPE: 9 9										
12	R	1. RSI	RSI	5. SSI BLIND/TITLE II	SSBC							
13	E	2. DISABILITY WORKER OR CHILD	DIWC	6. SSI DISABILITY/TITLE II	SSDC							
14	S	3. DISABILITY WIDOW(ER)	DIWW	7. HEALTH INS ENT	HIE							
15	E	4. SSI AGED/TITLE II	SSAC	8. OTHER								
16	R	HEARING REQUESTED (Y/N): X										
17	V	REASON HEARING REQUESTED: XX										
18	E	XXX										
19	D	XXX										
20		XXX										
21		ADDITIONAL EVIDENCE (Y/N/F): X										
22												
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****										
2		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****										
4												

The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional



MCS APPEAL DISPOSITION DISP SD38  
NH: SSSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSSS SSSSS SSSSSSSSSSS

**DISPOSITION:** 9 1. UNFAVORABLE DENIAL 4. DISMISSAL 7. ABANDON  
2. PARTIALLY FAVORABLE ALLOW 5. WITHDRAWAL  
3. FULLY FAVORABLE ALLOW 6. REMAND

**DISPOSITION DATE:** 999999 **EFFECTUATION DATE:** 999999

**ALJ:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX **ALJ HO:** XXXX

\*\*\*\*\*  
\*\*\*\*\*

The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional

MCS		APPEAL ESTABLISHMENT				NAPP SM20		
NH NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS		NH SSN: SSSSSSSSSSS						
APPEAL FILE LEVEL: 9		1. RECON	2. HEARING	3. FEDRO REVIEW				
LEV: I INITIAL		DECISION STATUS:						
R RECON		1 RSHI ALLOW	5 DIB MED DENY		9 RSHI PARTIAL			
H HEARING		2 RSHI DISAL	6 NON-MED COMP		10 DIB PARTIAL			
O REOPEN		3 DIB TECH DIS	7 WITH/ABATE		11 DISMISSAL			
F FEDRO		4 DIB ALLOW	8 DELAY					
	CL NAME	CL SSN	FILE DATE	DEC DATE	ADJ DATE	LEV	SELECT	
01.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
02.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
03.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
04.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
05.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
06.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
07.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
08.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
09.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
10.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
11.	SSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS	SSSSSSSSSS	SSSSSS	SS	SSSSSS	S	X	
*****								
*****								

The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional

Note: APPEAL FILE LEVEL is prefilled in update mode  
 SELECT is not an MCS Data element on the MCS pending file

lappeals final mapping document

MCS Screen ID	MCS Screen Name	MCS Data Element	MCS Screen Questions (Mandatory) (Conditional)	Edits	
NAPP	APPEAL ESTABLISHMENT	D1XO-CC-SEG-APPEAL-LEVEL-F1	APPEAL FILE LEVEL	(1) MUST BE A 1, 2, OR 3 (SURFACE) (2) NO ENTRY CAN BE MADE IF DEC IS BLANK (RELATIONAL)	
		N/A	SELECT	DATA MUST BE AN X (SURFACE)	
RCN1 OR FDR1	RECONSIDERATION REQUEST 1 OR FEDRO REVIEW	D1XO-PC-RC-BIC-F1	BIC	(1) CHARACTERS OTHER THAN ALPHA/NUMERIC (SURFACE) (2) VALID BIC (SURFACE)	
		<del>D1XO-PC-RC-CASE-TYPE-F1</del>	<del>CASE TYPE</del>	<del>NONE</del>	
		D1XO-PC-RC-EXPL-PROV-F1	EXPLANATION PROVIDED (Y/N)	DATA NOT Y OR N (SURFACE)	
		D1XO-PC-RC-RECN-REQ-F1	RECON/FEDRO REQUESTED (Y/N)	DATA NOT Y OR N (SURFACE)	
		D1XO-PC-RC-CLM-TYPE	APPEAL CLAIM TYPE	DATA OTHER THAN 1-8 (SURFACE)	
		<i>D1XO-PC-RC-CLM-EXPL-F1</i>	<i>OTHER</i>	<i>IF APPEAL CLAIM TYPE = 8, FIELD NEEDS DATA (RELATIONAL)</i>	
		D1XO-PC-RC-RECN-ISS-F1	ISSUE	NONE	
		D1XO-PC-RC-REA-RECN-RQD1-F1 D1XO-PC-RC-REA-RECN-RQD2-F1	REASON REQUESTED	NONE	
D1XO-PC-RC-ADL-EVID-F1	ADDITIONAL EVIDENCE (Y/N/F)	DATA OTHER THAN Y, N, OR F (SURFACE)			
RCN2 OR FDR2	RECONSIDERATION REQUEST 2 OR FEDRO REVIEW	D1XO-PC-RC2-REP-F1	REPRESENTED (Y/N)	DATA NOT Y OR N (SURFACE)	
		<i>D1XO-PC-RC2-LEG-REF-LIST-F1</i>	<i>IF NO, LEGAL REFERRAL LIST TO CL (Y/N)</i>	<i>DATA NOT Y OR N (SURFACE)</i>	
		<i>D1XO-PC-RC2-ATTY-NM-F1</i>	<i>ATTORNEY/REP NAME</i>	<i>MANDATORY FIELD IF REPRESENTED IS ANSWERED YES</i>	

lappeals final mapping document

		<i>D1XO-PC-RC2-ATTY-F1</i>	<i>IF YES, ATTY (Y/N)</i>	<i>(1) DATA NOT Y OR N (SURFACE) (2) ATTY DATA ELEMENT MUST BE ANSWERED IF APPELLANT REPRESENTED IS ANSWERED YES (RELATIONAL) (3) ATTY CANNOT BE ANSWERED IF REPRESENTED IS ANSWERED NO (RELATIONAL)</i>	
--	--	----------------------------	---------------------------	--	--



lappeals final mapping document

		D1XO-PC-RC2-ATTY-ADDR-LN-F1	ATTORNEY/REP ADDRESS	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-RC2-ATTY-CITY	CITY	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-RC2-ATTY-STATE-F1	STATE	(1) DATE IS NOT A VALID STATE (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-REC2-ATTY-ZIP-F1	ZIP	(1) DATE IS NOT A VALID ZIP CODE (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-RC2-REC2-FILED-BY-F1	FILED BY	DATA OTHER THAN 1 OR 2	
		D1XO-PC-RC2-REC2-FL-DT-D3	DATE FILED	(1) CANNOT BE A FUTURE DATE (SURFACE) (2) MUST BE A VALID DATE (SURFACE)	
		D1XO-PC-RC2-DETER-DT-D3	DETER DATE BEING APPEALED	(1) CANNOT BE A FUTURE DATE (SURFACE) (2) MUST BE A VALID DATE (SURFACE)	
		D1XO-PC-RC2-TMLY-REQ-F1	TIMELY REQUEST (Y/N)	DATA NOT Y OR N (SURFACE)	
		D1XO-PC-RC2-NT-TMLY-REAS-F1	IF NO	(1) DATA MUST BE 1, 2, OR 3 (SURFACE) (2) MANDATORY FIELD IF TIMELY REQUEST IS ANSWERED NO (RELATIONAL)	
		D1XO-PC-RC2-NT-TMLY-EXP-F1 D1XO-PC-RC2-NT-TMLY-EXP2-F1	EXPLANATION:	MANDATORY FIELD IF TIMELY REQUEST IS ANSWERED NO (RELATIONAL)	
		D1XO-PC-RC2-SCR-BGN-DT-MDY	DATE SCREEN BEGUN	(1) MUST BE A VALID DATE (SURFACE) (2) DATE LATER THAN A CURRENT DATE (SURFACE)	
HNG1	HEARING REQUEST 1	D1XO-PC-HG-APPEAL-ADDR-LN-F1	ADDR	DATA OTHER THAN A-Z, 0-9, OR HYPHEN (SURFACE)	

lappeals final mapping document

		D1XO-PC-HG-APPEAL-CITY-F1	CITY	MUST CONTAIN DATA IF ADDRESS CONTAINS DATA (RELATIONAL)	
		D1XO-PC-HG-APPEAL-STATE-F1	STATE	(1) DATE IS NOT A VALID STATE (SURFACE) (2) STATE ELEMENT AND ZIP ELEMENT CONFLICTING (RELATIONAL) (3) STATE ENTRY INVALID IF COUNTRY OR CONSUL CODE PRESENT (RELATIONAL)	
		D1XO-PC-HG-APPEAL-ZIP-F1	ZIP	(1) DATE IS NOT A VALID ZIP CODE (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		<b>D1XO-PC-HG-CASE-TYPE-F1</b>	<b>CASE TYPE</b>	<b>NONE</b>	
		D1XO-PC-HG-BIC-F1	BIC	(1) CHARACTERS OTHER THAN ALPHA/NUMERIC (SURFACE) (2) VALID BIC (SURFACE)	
		D1XO-PC-HG-CLM-TYPE	APPEAL CLAIM TYPE	DATA OTHER THAN 1-8 (SURFACE)	
		<i>D1XO-PC-HG-CLM-EXPL-F1</i>	<i>OTHER</i>	<i>IF APPEAL CLAIM TYPE = 8, FIELD NEEDS DATA (RELATIONAL)</i>	
		D1XO-PC-HG-HEAR-RQSTD-F1	HEARING REQUESTED (Y/N)	DATA NOT Y OR N (SURFACE)	
		D1XO-PC-HG-REAS-HR-RQD1-F1	REASON HEARING REQUESTED	NONE	
		D1XO-PC-HG-REAS-HR-RQD2-F1			
		D1XO-PC-HG-ADL-EVID-F1	<b>ADDITIONAL EVIDENCE (Y/N/F)</b>	DATA NOT Y, N, OR F (SURFACE)	
HNG2	HEARING REQUEST 2	D1XO-PC-HG2-RQST-ORAL-HEAR-F1	REQUEST ORAL HEARING (Y/N)	DATA NOT Y OR N (SURFACE)	
		<i>D1XO-PC-HG2-REAS-HEAR-WV1-F1</i> <i>D1XO-PC-HG2-REAS-HEAR-WV2-F1</i>	<i>REASON HEARING WAIVED:</i>	<i>MUST BE COMPLETED IF REQUESTED ORAL HEARING IS ANSWERED NO (RELATIONAL)</i>	
		D1XO-PC-HG2-REP-F1	REPRESENTED (Y/N)	DATA NOT Y OR N (SURFACE)	

lappeals final mapping document

		D1XO-PC-HG2-LEG-REF-LIST-F1	IF NO, LEGAL REFERRAL LIST TO CLMT (Y/N):	(1) DATA NOT Y OR N (SURFACE) (2) MUST BE COMPLETED IF REPRESENTED IS ANSWERED NO (RELATIONAL)	
		D1XO-PC-HG2-ATTY-NM-F1	ATTORNEY/REP NAME:	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-F1	IF YES, ATTY (Y/N):	(1) DATA MUST BE A Y OR N (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-ADDR-LN-F1	ATTORNEY/REP ADDRESS	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-CITY-F1	CITY	MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-STATE-F1	STATE	(1) DATE IS NOT A VALID STATE (SURFACE) (2) STATE AND ZIP MUST NOT CONFLICT (3) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-ATTY-ZIP-F1	ZIP	(1) DATE IS NOT A VALID ZIP CODE (SURFACE) (2) MANDATORY FIELD IF REPRESENTED IS ANSWERED YES (RELATIONAL)	
		D1XO-PC-HG2-RECON-FILED-BY-F1	FILED BY	DATA NOT 1 OR 2 (SURFACE)	
		D1XO-PC-HG2-RECFL-DT-D3	DATE FILED	(1) CANNOT BE A FUTURE DATE (SURFACE) (2) MUST BE A VALID DATE (SURFACE)	
		D1XO-PC-HG2-DETER-DT-D3	DETER DATE BEING APPEALED	(1) CANNOT BE A FUTURE DATE (SURFACE) (2) MUST BE A VALID DATE (SURFACE)	
		D1XO-PC-HG2-TMLY-REQ-F1	TIMELY REQUEST (Y/N)	DATA MUST BE A Y OR N (SURFACE)	

lappeals final mapping document

		<i>D1XO-PC-HG2-TMLY-REAS-F1</i>	<i>IF NO</i>	(1) DATA MUST BE A 1, 2, OR 3 (SURFACE) (2) MANDATORY IF TIMELY REQUEST IS ANSWERED NO (RELATIONAL)	
		<i>D1XO-PC-HG2-NT-TMLY-EXP-F1</i> <i>D1XO-PC-HG2-NT-TMLY-EXP2-F1</i>	<i>EXPLANATION:</i>	MUST BE COMPLETED IF REQUEST TIMELY IS ANSWERED NO (RELATIONAL)	
		D1XO-PC-HG2-INTER-F1	INTERPRETER (Y/N)	DATA IS NOT Y OR N (SURFACE)	
		<i>D1XO-PC-HG2-LANG-F1</i>	<i>IF YES, SPECIFY LANGUAGE</i>	<i>NONE</i>	
DISP	APPEAL DISPOSITION	D1XO-PC-AP-DISPOS-F1	DISPOSITION	DATA MUST BE 1-7 (SURFACE) (1) CANNOT BE A FUTURE DATE (SURFACE)	
		D1XO-PC-DISPOS-DT-D3	DISPOSITION DATE	(2) MUST BE A VALID DATE (SURFACE)	