

RECONSIDERATION REQUEST 1/ FEDRO

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789	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: XX									
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: 9999999999 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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
17	V	ISSUE: XX									
18	E	REASON REQUESTED: XX									
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) *****								

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

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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	

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