


Appeal Request (501)

ap001 Welcome

SocialSecurityOnline **Disability Appeal**
www.socialsecurity.gov



Welcome. Thank you for filing your disability appeal online.

Before you begin...
You need to have your [Notice of Decision](#).

We recommend you review the following links:

- [Video: Preparing to File Your Disability Appeal Online](#)
- [Checklist: Information You Will Need](#)
- [Tips for Using this Website](#)
- [Instructions for Blind or Visually Impaired Users](#)

You may also want to review:

- [Social Security's Definition of Disability](#)
- [How the Disability Appeal Process Works](#)
- [Information About Social Security's Disability Programs](#)
- [Your Right to Representation](#)
- [Other Ways to Complete a Disability Appeal](#)

To start your disability appeal...
Please read [Tips for Using this Website](#).

[Start Your Appeal](#)

To continue working on your disability appeal...
If you want to finish a disability appeal you already started:


[Go Back to the Appeal You Already Started](#)

[Contact Us](#) | [Tips for Using this Website](#)

ap004 Can you use this online disability appeal

Social Security Online
www.socialsecurity.gov

Disability Appeal

 **Can you use this online disability appeal?**

Please note: If you are helping another person fill out this appeal, answer all of the questions as they apply to the person you are helping.

To complete an appeal online, you must have a [notice of decision](#).

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

* Did you receive a notice of decision? Yes No

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ap005 Claimant information

SocialSecurityOnline
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Disability Appeal

 **Claimant information**

Please note: "Claimant" refers to the adult or child whose disability decision is being appealed.

* **Claimant Name:** Suffix (if any)

(Enter the first, middle and last name of the person applying for benefits.)

* **Claimant Social Security Number:**

Please enter the Social Security Number without dashes or hyphens.

* **Claimant date of birth:**

* **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?](#))

* **Claimant residence ZIP code:**

(Enter the ZIP code for the address where the claimant lives. This helps us to process the appeal properly.)


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ap008hr Request for hearing by administrative law judge

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**

 **Request for hearing by administrative law judge**

OMB No. 0960-0269
[Paperwork Reduction Act](#)

Your privacy is important. For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

*** 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)**

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

Claimant Fax Number:
(if known)

Claimant Social Security Number (SSN): xxx-xx-0533

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

Wage Earner Name **Suffix (if any)**
(if different from Claimant):
[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

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 the 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.

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ap010hr Submit your request for hearing (1st party)

SocialSecurityOnline
www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Review and submit your request for hearing

Please review and submit your request for hearing below. If you need to make changes, select "Previous" to go back. To submit your request select "Submit" and continue to the next portion of your appeal.



The answers you provided are shown in bold text. This will be your last chance to change your answers.

My name is John G Public. My mailing address is 555 Main Street, Baltimore, MD 21087. My phone number is (410) 666-1212.

My Social Security number is xxx-xx-0533.

I disagree with the determination made on my claim because, my condition has gotten worse.

I do not have a representative.

I understand that I have a right to be represented at the hearing. If I am not represented but would like to be, the Social Security office can give me a list of legal referral and service organizations.

I understand that 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 my case. I also understand that I will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

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

I do not wish to appear at a hearing. I will complete Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION
110 WEST ROAD
SUITE 500 CORP CENTER
TOWSON, MD 21204

If I have additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.

I, John G 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.

*** I, John G Public, have read and agree with the above.**

Previous

Submit

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Disability Appeal

Name: John Public
SSN: xxx-xx-0533



Review and submit your request for hearing

Please review and submit your request for hearing below. If you need to make changes, select "Previous" to go back. To submit your request select "Submit" and continue to the next portion of your appeal.



The answers you provided are shown in bold text. This will be your last chance to change your answers.

Claimant's name is **John G Public**. The Claimant's mailing address is **666 Main Street, Baltimore, MD 21097**. The Claimant's phone number is **(410) 666-1212**.

Claimant's Social Security number is **xxx-xx-0533**. Claimant's claim number is **xxx-xx-1234A**.

The Claimant disagrees with the determination made on his or her claim because **my condition has gotten worse**.

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

The Claimant understands that 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 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 Form HA-6508 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION
815 N WASHINGTON ST
ROCKVILLE, MD 20850

If the Claimant has additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.

I, **Mike P Representative**, 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.

I, **Mike P Representative**, have read and agree with the above.

Previous

Submit

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ap011hr Receipt for hearing (3rd party)

SocialSecurityOnline

www.socialsecurity.gov

Disability Appeal

Name: **John Public**
SSN: **xxx-xx-0533**



Print your reentry number and receipt

To print or save this page, please use your browser's Print button or File menu commands.

You have completed the initial portion of your disability appeal. You have provided enough information to obtain a receipt and reentry number. Your reentry number allows you to continue the appeal later if you cannot proceed at this time.

During the next, and final, part of the disability appeal process, we will ask you to provide information on your medical condition. This information is necessary to make a medical decision on your appeal. We recommend you complete your appeal now. **Select "Next" to continue.**

Your reentry number is: 15771424

To continue with this appeal later, go to www.socialsecurity.gov/disability/appeal and select "Go Back to the Appeal You Already Started."

Guard your reentry number carefully because you must have it to reenter the appeal. Do not put it where an unauthorized person can see it.

Social Security employees cannot access your reentry number.

Receipt of Request for Hearing

We received your Request for a hearing by Administrative Law Judge on September 26, 2011 at 1:16:33 pm Eastern Time.

This is your receipt for the request portion of your appeal. Contact Social Security within ten days after September 26, 2011 if any of the information below is not correct.

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

Claimant's Social Security number is xxx-xx-0533. Claimant's claim number is xxx-xx-1234A.

The Claimant disagrees with the determination made on his or her claim because: my condition has gotten worse.

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

The Claimant understands that 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 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 Form HA-4608 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION
315 N WASHINGTON ST
ROCKVILLE, MD 20850

If the Claimant has additional evidence such as a doctor's report, it should be sent to Social Security within 10 days.

Sign Off (finish later)

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