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...

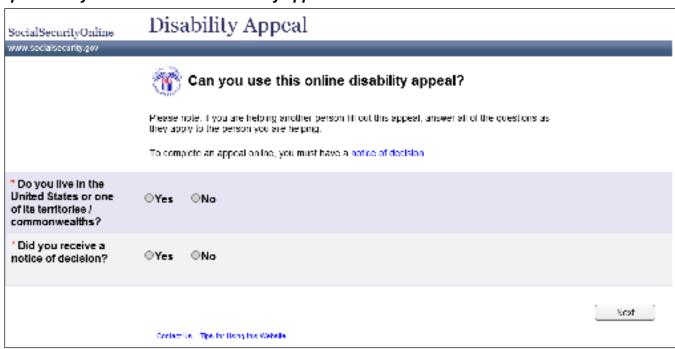
If you want to finish a disability appeal you already started:

Go Back to the Appeal You Already Started

Contact U.s | Tips for Using this Website

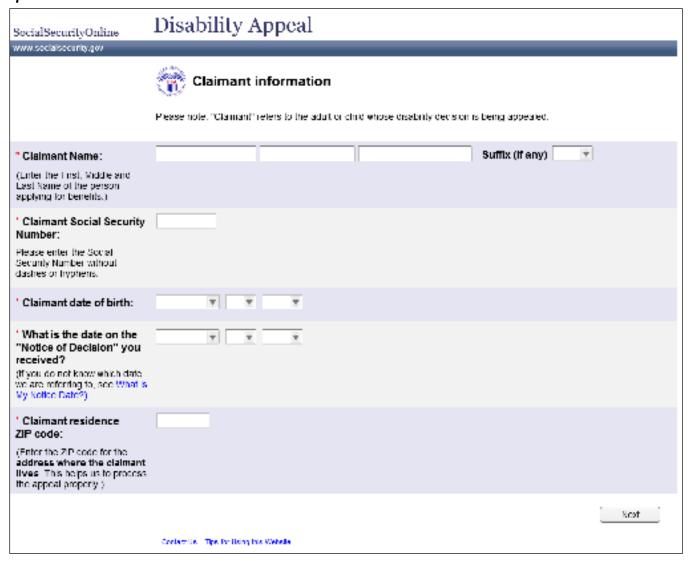


ap004 Can you use this online disability appeal



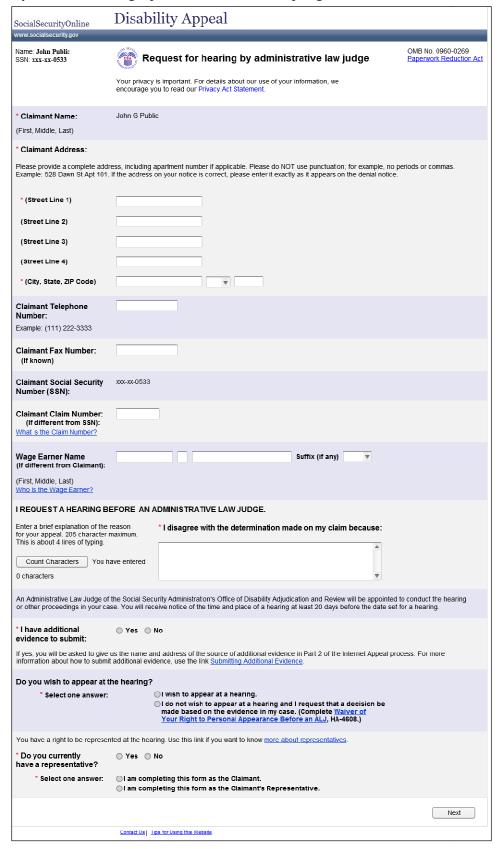


ap005 Claimant information





ap008hr Request for hearing by administrative law judge





ap010hr Submit your request for hearing (1st party)

Disability Appeal Social Security Online www.socialsecurity.gov Name, John Public Review and submit your request for hearing SSN: saa-sa-0538 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 appoal. 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. Fundersland that I have a right to be represented at the frearing. If I am not represented but would the to be, the Social Security office can give me a fist of legal reterral and service. organizations. Fundersland 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 Contact Us | Tips for Using this Website



ap010hr Submit your request for hearing (3rd party)

Social Security Online

Disability Appeal

www.socialisecurity.gov

Name, John Public SSN: saa-sa-0538



Review and submit your request for hearing

Picase 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 appoal.



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 making address is 666 Main Street, Baltimore, MD 21087. The Claimant's phone number is (410) 666-1212.

Claimant's Social Security number is xxx-xx-0588. Claimant's claim number is xxx-xx-1284A.

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 88A-1696 (Appointment of Representative). The Representative's making address is 111 South Street, Beltimore, MD.

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 Cialment 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 Cialment 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 (Walver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION \$15 N WASHINGTON ST ROCKMILLE, MD 20850.

If the Claimant has additional evidence such as a dector'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.

Provious Submit

Contact Us. Tips for Holiging this Website



ap011hr Receipt for hearing (3rd party)

SocialSecurityOnline

Disability Appeal

www.socialsecurity.gov

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 Fastern 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 21242

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 20350

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)

Next

Contact Us Tips for Using this Website

