



Refer To: [Clmt SSN]

Office of Disability Adjudication and Review  
[HO Address]

Date: [Date Issued]

[Clmt Name]  
[Clmt Address]

### Notice of Decision –Fully Favorable

Combined into one paragraph; updated language

I carefully reviewed the facts of your case and made a fully favorable decision on your application(s) for a period of disability, disability insurance benefits, and Supplemental Security Income filed on \*\*[APPLICATION DATE]\*\*. I stated the basis for my decision at your hearing held on \*\*[DATE OF HEARING]\*\*. I adopt the findings of fact and reasons that I gave at the hearing. Please read this notice of decision.

Revised language

#### (Conditional Language Step 3)

I found you disabled as of \*\*[DATE OF DISABILITY ONSET]\*\*. Your impairment or combination of impairments is so severe that it medically equals the requirements of one of the impairments listed in the Listing of Impairments.

Revised language

#### (Conditional Language Step 5)

I found you disabled as of \*\*[DATE OF DISABILITY ONSET]\*\* because your impairment or combination of impairments is so severe that you cannot perform any work existing in significant numbers in the national economy.

Revised language

If you would like more information about my decision, I can provide you with a record of my oral decision. You must ask for this record in writing. You may mail or bring your request to any Social Security or hearing office. Please put the Social Security number shown above on your request.

Removed "This Decision is Fully Favorable To You" heading

Another office will process my decision and decide if you meet the non-disability requirements for Supplemental Security Income payments. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

Revised language

Moved the section "The Appeals Council May Review The Decision On Its Own" (see bottom of p.2)

### If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

Revised language

### How To File An Appeal

Revised language

To file an appeal you must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at [www.socialsecurity.gov](http://www.socialsecurity.gov). Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

Revised placement for clarification purposes

**Appeals Council  
Office of Disability Adjudication and Review  
5107 Leesburg Pike  
Falls Church, VA 22041-3255**

Revised title

**Time Limit To File An Appeal**

Revised language

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

Replaced "Time To Submit New Evidence" with this section.

**What Else You May Send Us**

You may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

**How An Appeal Works**

Revised language to better explain the process

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, **Part 404 (Subpart J) and Part 416 (Subpart N)**.

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

Moved this section from p.1; revised language

**The Appeals Council May Review My Decision On Its Own**

The Appeals Council may review my decision even if you do not appeal. If the Appeals Council reviews your case on its own, it will send you a notice within 60 days of the date of this notice.

Revised  
title

**When There Is No Appeals Council Review**

Revised  
language

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

**If You Have Any Questions**

Added  
language

We invite you to visit our website located at [www.socialsecurity.gov](http://www.socialsecurity.gov) to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

Revised  
language

If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is **\*\*[FIELD OFFICE PHONE NUMBER]\*\***. Its address is:

**\*\*[FIELD OFFICE ADDRESS]\*\***

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Administrative Law Judge

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Date