RECONSIDERATION REQUEST 1/ FEDRO

```
Ln  0  |         1         2         3         4         5         6         7         7  | 8
No  1  |2345678901234567890123456789012345678901234567890123456789012345678901234567890  | 0
 1  C  | MCS RECONSIDERATION REQUEST(RCN1)  OR  FEDRO  (FDR1)SD3                          |  4
 2  0  |          NH SSSSSSSSS   SSSSS  SSSSSSSSSS   CL SSSSSSSSS   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): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX         |
 6  N  |   ADDRESS: XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX                           |
 7  *  |            XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX                           |
 8  O  |      CITY: XXXXXXXXXXXXXXXXX    STATE: XX    ZIP: 99999   PHONE: 999 999 9999  |
 9  N  |   COUNTRY: XXXXXXXXXXXXXX    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 XXXXXXXXXXXXXXXXXXXXX        |
17  V  |   ISSUE: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   |
18  E  |   REASON REQUESTED: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   |
19  D  |   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |
20     |   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |
21     |   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  |
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         7         8
No  1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
 1  C MCS    RECONSIDERATION REQUEST 2 OR FEDRO 2            SD3                                      5
 2  0   NH SSSSSSSSS     SSSSS SSSSSSSSSS   CL SSSSSSSSS     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: XXXXXXXXXXXXXXXXXXXXX
 8  O REPRESENTED (Y/N): X     IF NO, LEGAL REFERRAL LIST TO CL (Y/N): X
 9  N ATTORNEY/REP NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXX      IF YES, ATTY (Y/N): X
10  E ATTORNEY/REP ADDRESS: XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX
11                          XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX
12  R CITY: XXXXXXXXXXXXXXXX     STATE: XX     ZIP: 99999     PHONE: 999 999 9999
13  E COUNTRY: XXXXXXXXXXXXXX     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:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
19  D XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
21    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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  1234567890123456789012345678901234567890123456789012345678901234567890123456789  0
 1  C MCS                          HEARING REQUEST 1                          HNG1 SD3  6
 2  0    NH SSSSSSSSS    SSSSS SSSSSSSSSS    CL SSSSSSSSS   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)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 6  N  ADDRESS: XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX
 7  *           XXXXXXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXXXXXX
 8  O     CITY: XXXXXXXXXXXXXXXX     STATE: XX    ZIP: 99999    PHONE: 999 999 9999
 9  N  COUNTRY: XXXXXXXXXXXXXX     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: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18  E  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
19  D  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
21     ADDITIONAL EVIDENCE (Y/N/F): X
22
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  1234567890123456789012345678901234567890123456789012345678901234567890123456789  0
 1  C MCS                                HEARING REQUEST 2                      HNG2 SD3  7
 2  0    NH SSSSSSSSS       SSSSSSSSSSSSSSSS     CL SSSSSSSSS    SSSSSSSSSSSSSSSS
 3  L
 4  U REQUEST ORAL HEARING (Y/N): X     REASON HEARING WAIVED: XXXXXXXXXXXXXXXXXX
 5  M XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 6  N XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 7  * XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 8  O REPRESENTED (Y/N): X     IF NO, LEGAL REFERRAL LIST TO CLMT (Y/N): X
 9  N ATTORNEY/REP NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX   IF YES, ATTY (Y/N):
10  E ATTORNEY/REP ADDRESS: XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX
11                          XXXXXXXXXXXXXXXXXXXX     XXXXXXXXXXXXXXXXXXXX
12  R CITY: XXXXXXXXXXXXXXXX     STATE: XX     ZIP: 99999     PHONE: 999 999 9999
13  E COUNTRY: XXXXXXXXXXXXXX     CONSUL CODE: 999
14  S FILED BY: 9  1. APPELLANT    2. REP    DATE FILED: 999999
15  E DETER DATE BEING APPEALED: 999999     TIMELY REQUEST (Y/N): X
16  R IF NO,: 9   1. CLMT'S EXPLANATION  2. OTHER INFORMATION  3. BOTH 1 AND 2 APPLY
17  V EXPLANATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18  E XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
19  D XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
20    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
21    INTERPRETER (Y/N): X     IF YES, SPECIFY LANGUAGE: XXXXXXXXXXXXXXXXXXXX
22
23    **************(LINE 23 RESERVED FOR APPLICATIONS INFORMATION)****************
24    **************(LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION)***********
```

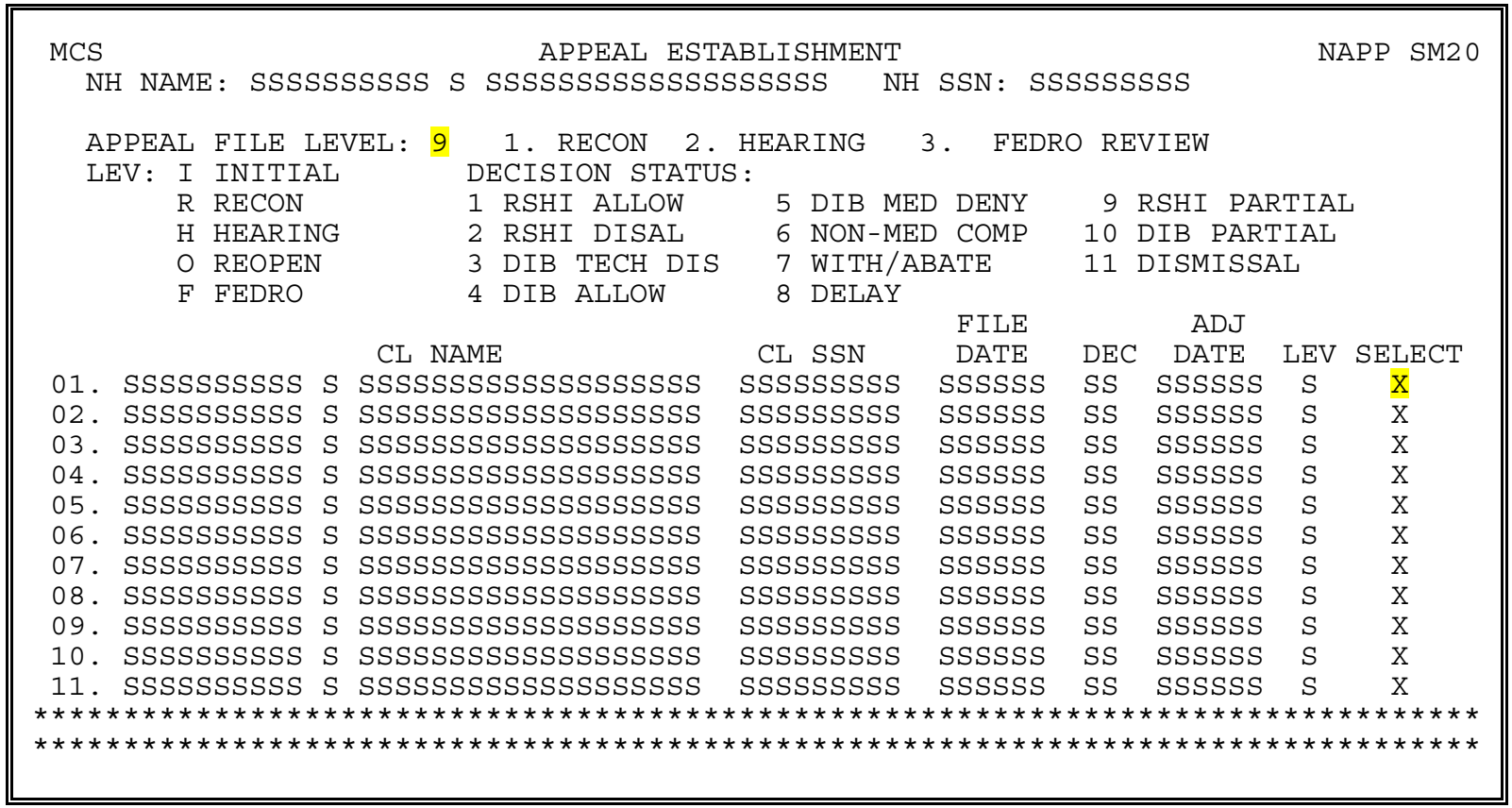
The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional

```
MCS                                APPEAL DISPOSITION                          DISP SD38
   NH: SSSSSSSSS   SSSSS SSSSSSSSSS   CL: SSSSSSSSS   SSSSS SSSSSSSSSS

 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: XXXXXXXXXXXXXXXXXXXXXXXXXXXX     ALJ HO: XXXX
```

The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional



```
MCS                              APPEAL ESTABLISHMENT                              NAPP SM20
  NH NAME: SSSSSSSSSS S SSSSSSSSSSSSSSSSSS   NH SSN: SSSSSSSSS

  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

                                                      FILE          ADJ
                    CL NAME                  CL SSN    DATE   DEC  DATE   LEV SELECT
 01. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 02. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 03. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 04. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 05. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 06. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 07. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 08. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 09. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 10. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  SSSSSS  SS  SSSSSS  S     X
 11. SSSSSSSSSS S SSSSSSSSSSSSSSSSSS  SSSSSSSSS  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