Appeal Request (561)

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...

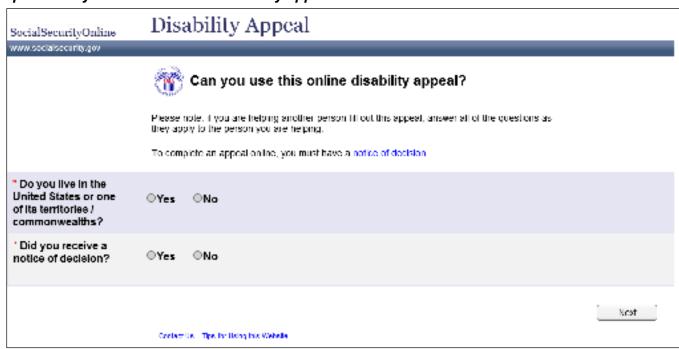
If you want to finish a disability appeal you already started:

Go Back to the Appeal You Already Started

Contact U.s | Tips for Using this Website

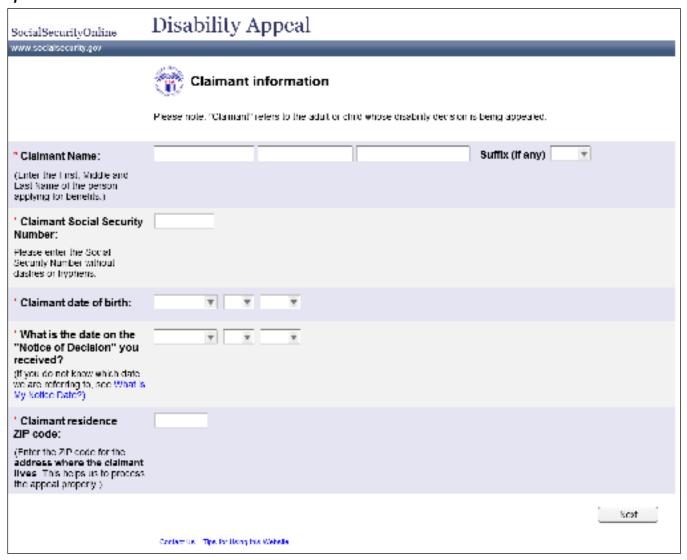


ap004 Can you use this online disability appeal



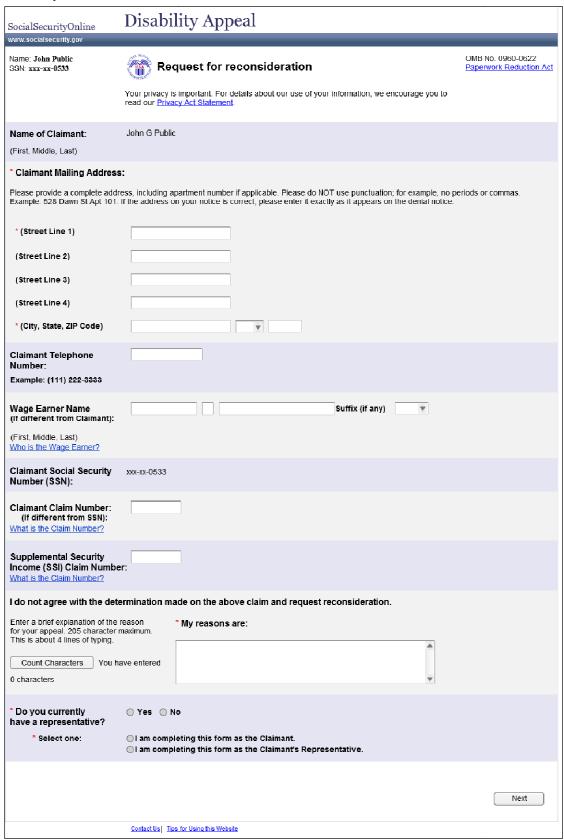


ap005 Claimant information





ap008rc Request for reconsideration





ap010rc Submit your request for reconsideration (1st party)

SocialSecurityOnline	Disability Appeal
www.socialsocurity.gov	
Name, John Public SSN: xxx-xx-0533	Review and submit your request for reconsideration
	Please review and submit your request for reconsideration below if you need to make changes, select "Provious" 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 making address is 666 Main Street, Baltimore, MD 21087. My phone number is (410) 666-1212.
	My Social Security number is xxxx-xx-0533.
	I disagree with the determination made on my claim and request reconsideration. Wy reasons are: my condition has gotten worse.
	I do not have a representative
	Lunderstand that I have a right to be represented. If Laminot represented but would like to be, the Social Security office can give me a list of legal referral and service organizations.
	I, John C 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.
	Provious Submit
	Contacting This to Daniella Website



ap010rc Submit your request for reconsideration (3rd party)

Social Security Online	Disability Appeal
Name, John Public SSN: 222-22-0583	Review and submit your request for reconsideration
	Picase review and submit your request for reconsideration below if you need to make changes, select "Provious" 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.
	Clamant's name is John 9 Public. The Clamant's making address is 666 Main Street , Baltimore, MD 21097. The Clamant'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 and requests reconsideration. The masons are: 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 5:84-1695 (Appointment of Representative). The Representative's mailing address is 111 South Street, Battimore, MD 21212.
	I, Wike 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
	Contest Us. Tips for Hong this Website



ap011rc Receipt for reconsideration (1st 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 Reconsideration

We received your Request for Reconsideration 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.

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

My Social Security number is xxx-xx-0533.

I disagree with the determination made on my claim and request reconsideration. My reasons are: 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.

Sign Off (finish later)

Next

Contact U.s | Tips for Using this Website



ap011rc Receipt for reconsideration (3rd party)

SocialSecurityOnline

Disability Appeal

www.socialsecurity.gov

Name: John Public SSN: xxx-xx-0533



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

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: 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.

Sign Off (finish later)

Next

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