

Social Security Online
Online

Disability Report - Appeal

OMB 0960-0144

www.socialsecurity.gov

Name: John Public
SSN: xxx-xx-0533

About you: general information

If you are completing the Appeal Disability Report for someone other than yourself, please remember that when we ask things "About You", we mean the disabled adult or child whose disability decision is being appealed (the "claimant").

Items marked with an asterisk (*) are required.

The name, address and phone number were entered on the Appeal Request.

Name: John G Public

(First, Middle, Last)

Address:

* (Street Address 1) 555 Main Street

(Street Address 2)

(Street Address 3)

(Street Address 4)

*(City, State, Zip Code) Anywhere MD 21087

Telephone Number: (410) 555-1212

Extension:

We need to know how to contact or leave a message for the claimant.

This is the claimant's phone number.
The claimant does not have a phone, but you can leave a message at this number.

Email Address:

(Optional)

Continue

[Contact Us](#) | [How to Move Around This Report](#)

Social Security Online
Online

Disability Report - Appeal

www.socialsecurity.gov

Sign Off

About You

Medical History

Review and Send

Name: John Public
SSN: xxx-xx-0533

Print your reentry number

Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to work on the report again later, you will need this number. It will allow you to come back to this report and continue where you left off without losing any information you entered.

Please print this page (using the Print command in the browser)
or write down this Reentry Number 63918535

If you lose or forget your Reentry Number, you will have to begin this Appeal Disability Report over again and you will lose all the information you already entered.

Information about your Reentry Number

- **Remember to guard your Reentry Number carefully** because it is the key to reentering the application. **Do not put it where an unauthorized person can see it.**
- Social Security employees will never ask for a Reentry Number and they cannot look up a Reentry Number for you. This is to protect privacy.

To continue with this application later

1. Wait at least 5 minutes
2. Go to www.socialsecurity.gov/disability/appeal
3. Select 'Go Back to the Report I Already Started'
4. Enter the Claimant's Social Security Number and the Reentry Number shown above Result: We will bring you back to this report.

If you have any questions, you may contact us:

- By phone at our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday 7 AM to 7 PM.
- In person at your local Social Security Office.

Continue

Social Security Online
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Disability Report - Appeal

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

Sign off

Before you sign off, please select one of the links for further instructions based on what you want to do.

[Finish this disability report later](#)

[Submit what you have already done](#)

[Complete the disability report in another way](#)

Finish this report later:

1. **Write down your reentry number.** You will need it to be able to return.

Your Reentry Number is: 63918535

2. Go to this web site: www.socialsecurity.gov/disability/appeal
3. Select "Go Back to the Report I already started."
4. Type in your Social Security Number and the Reentry Number shown above.
5. You will be taken back to where you left off in the report.

Do not give this number to anyone else. If you lose or forget your Reentry Number, you will have to begin this report over again and you will lose all the information you already entered. To ensure your privacy, no one else can have access to your Reentry Number. Social Security can help you start the process over again, but we cannot access your Reentry Number. To have a record of your Reentry Number, print this page (using the Print command in the browser) or write it down and keep it in a safe place.

Submit what you have already done

If you know now that you will not return to this report, we urge you to send us electronically what you have already finished. You will be able to do this only if you have completed the About Section and started the Medical History section. **We will contact you later for any missing information.** If you want to send us what you have finished:

1. Choose "Return to Report" below.
2. Go to the Review and Send tab at the top of that page.
3. Follow the instructions there to send us your Appeal Disability Report.

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

Complete the disability report in another way

If you do not want to submit the report or continue on the Internet you can use any of the following ways to complete an Appeal Disability Report:

- Call our toll-free number, **1-800-772-1213**. Tell the representative that you want to complete an Appeal Disability Report. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- Contact your local Social Security Office and tell the representative that you want to complete an Appeal Disability Report.
- Print a paper SSA-3441 from the Internet. This form is in Portable Document Format (PDF) and requires Adobe Reader to open and print it. If you don't have Adobe Reader on your computer you can download a free copy. Use this link to get a free copy of Adobe Reader.

[Return to Report](#)[Sign Off](#)

[Contact Us](#) | [How to Move Around This Report](#)

Disability Report - Appeal

Welcome back!

After you enter the Claimant's Social Security Number and the Reentry Number, you will be taken to the place in the report where you left off.

If you want, you can review the information about [How the Online Appeal Disability Report Works](#).

If you had errors on a page that were not corrected when you signed off, you will need to correct them now before you can continue to new pages.

Items marked with an asterisk (*) are required.

*** Social Security Number:**

(without dashes or hyphens)

*** Reentry Number:**

If you do not have your Reentry Number, you will not be able to continue with the Appeal Disability Report you already began. You can start a new online Appeal Disability Report up to 3 times. You can either begin the report again or contact your [local Social Security Office](#) and they will help you. However, Social Security cannot access your Reentry Number.

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Continue

Social Security Online Disability Report - Appeal

Online

www.socialsecurity.gov

Sign Off

About You

Medical History

Review and Send

Name: John Public
SSN: xxx-xx-0535

Review and send: summary

If you have filled out the report to this point, you are almost done! Now it's time to review your answers below. If any sections are not complete, please see if you have the information to complete them. If not, go ahead and send the report in as it is, and we'll help you with the rest.

You may want to print or save a copy of this summary for your records. You will not be able to print the entire Appeal Disability Report. If you want a copy of each page, you will need to go back through the report and print or save each page.

About You Summary

Information About You

General Information

John G Public

555 Main Street
Anywhere, MD 21087

People We Can Contact About Your Condition

June Public

555 Main Street
Baltimore, MD 21087

About Your Conditions Since You Last Completed a Disability Report

Changes in Your Conditions

These changes began January 2004

Description of changes to your condition: Back pain is worse. Hard to stand and move around.

New Physical or Mental Limitations

Description of new physical or mental limitations: Back pain is worse. Hard to stand and move around.

New Conditions

The new condition began January 2004

Description of new condition: Back pain is worse. Hard to stand and move around.

About Your Activities

Description of changes to daily activities: Hard to stand and move around. Have to lay down a lot.

Description of ability to care for personal needs: Cannot go grocery shopping. Hurts to move.

Work and Training Since You Last Completed a Disability Report

Work History**Edit** You said that you have worked.**Special Job Training, Trade or Vocational School****Edit** Job Training Completed: Went to truck driving school., June 2003**Vocational Rehabilitation or Ticket-to-Work Program****Edit** Back to Work Inc.123 Main Street
Baltimore, MD 21202**Add Another Agency****Medical History Summary****About Your Doctors and Other Medical Professionals**

About Dr. John Ross**Edit** Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.123 Main St
Baltimore, MD 21202**About Dr. George Warren****Edit** Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.123 Main St
Baltimore, MD 21202**About Dr. Margaret Stine****Edit** Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.123 Main St
Baltimore, MD 21202**About Dr. Fourth Doctor****Edit** Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.123 Main St
Baltimore, MD 21202**About Dr. Fifth Doctor****Edit** Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.123 Main St
Baltimore, MD 21202**About Dr. Sixth Doctor****Edit** Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.123 Main St
Baltimore, MD 21202**About Dr. Seventh Doctor****Edit** Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.123 Main St
Baltimore, MD 21202

Review and send: summary

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About Dr. Eighth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Ninth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Tenth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Eleventh Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Twelfth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Thirteenth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Fourteenth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Fifteenth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Sixteenth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Seventeenth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain
Treatments received: Novacaine shots to my spine.

123 Main St
Baltimore, MD 21202

About Dr. Eighteenth Doctor

Edit Main Street Professionals
Reason for visit: Back Pain

123 Main St
Baltimore, MD 21202

Treatments received: Novacaine shots to my spine.

About Dr. Nineteenth Doctor

Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202
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About Dr. Stephen Miles

Edit	Main Street Professionals Reason for visit: Back Pain Treatments received: Novacaine shots to my spine.	123 Main St Baltimore, MD 21202
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Add Another Doctor

About Your Hospitals/Clinics

About City General

Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202
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Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004
-------------	-----------------------------------------------------------------

Edit	Outpatient visits were between January 4, 2004 and "No Date Entered"
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Edit	Emergency Room visits were on January 7, 2004
-------------	-----------------------------------------------

Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.
-------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

About County General

Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202
-------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Edit	Inpatient Stays: From: January 15, 2004 To: January 19, 2004
-------------	-----------------------------------------------------------------

Edit	Outpatient visits were between January 4, 2004 and "No Date Entered"
-------------	----------------------------------------------------------------------

Edit	Emergency Room visits were on January 7, 2004
-------------	-----------------------------------------------

Edit	Reasons for visits: Back Pain Treatment received: Received pain killer shots to spine. You did not enter a date for your next appointment at this hospital.
-------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------

About University Hospital

Edit	Hospital/Clinic Record #: 12345678 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit	123 Main Street Baltimore, MD 21202
-------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

- Inpatient Stays:
From: January 15, 2004 To: January 19, 2004
- Outpatient visits were between January 4, 2004 and "No Date Entered"
- Emergency Room visits were on January 7, 2004
- Reasons for visits: Back Pain
Treatment received: Received pain killer shots to spine.
You did not enter a date for your next appointment at this hospital.

About Bayside

- Hospital/Clinic Record #: 12345678 123 Main Street
You did not enter any doctors whom you see on a Baltimore, MD 21202
regular basis at this hospital/clinic.
Visits Included: Inpatient visit, Outpatient visit,
Emergency Room visit
- Inpatient Stays:
From: January 15, 2004 To: January 19, 2004
- Outpatient visits were between January 4, 2004 and "No Date Entered"
- Emergency Room visits were on January 7, 2004
- Reasons for visits: Back Pain
Treatment received: Received pain killer shots to spine.
You did not enter a date for your next appointment at this hospital.

About Main Street Professionals

- Hospital/Clinic Record #: 12345678 123 Main Street
You did not enter any doctors whom you see on a Baltimore, MD 21202
regular basis at this hospital/clinic.
Visits Included: Inpatient visit, Outpatient visit,
Emergency Room visit
- Inpatient Stays:
From: January 15, 2004 To: January 19, 2004
- Outpatient visits were between January 4, 2004 and "No Date Entered"
- Emergency Room visits were on January 7, 2004
- Reasons for visits: Back Pain
Treatment received: Received pain killer shots to spine.
You did not enter a date for your next appointment at this hospital.

About Sixth Street Free Clinic

- Hospital/Clinic Record #: 12345678 123 Main Street
You did not enter any doctors whom you see on a Baltimore, MD 21202
regular basis at this hospital/clinic.
Visits Included: Inpatient visit, Outpatient visit,
Emergency Room visit
- Inpatient Stays:
From: January 15, 2004 To: January 19, 2004
- Outpatient visits were between January 4, 2004 and "No Date Entered"
- Emergency Room visits were on January 7, 2004

[Edit](#)[Edit](#)

Reasons for visits: Back Pain

Treatment received: Received pain killer shots to spine.

You did not enter a date for your next appointment at this hospital.

About Hospital Seven[Edit](#)

Hospital/Clinic Record #: 12345678

123 Main Street

You did not enter any doctors whom you see on a regular basis at this hospital/clinic.

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

[Edit](#)

Inpatient Stays:

From: January 15, 2004 To: January 19, 2004

[Edit](#)

Outpatient visits were between January 4, 2004 and "No Date Entered"

[Edit](#)

Emergency Room visits were on January 7, 2004

[Edit](#)

Reasons for visits: Back Pain

Treatment received: Received pain killer shots to spine.

You did not enter a date for your next appointment at this hospital.

About Hospital Eight[Edit](#)

Hospital/Clinic Record #: 12345678

123 Main Street

You did not enter any doctors whom you see on a regular basis at this hospital/clinic.

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

[Edit](#)

Inpatient Stays:

From: January 15, 2004 To: January 19, 2004

[Edit](#)

Outpatient visits were between January 4, 2004 and "No Date Entered"

[Edit](#)

Emergency Room visits were on January 7, 2004

[Edit](#)

Reasons for visits: Back Pain

Treatment received: Received pain killer shots to spine.

You did not enter a date for your next appointment at this hospital.

About Hospital Nine[Edit](#)

Hospital/Clinic Record #: 12345678

123 Main Street

You did not enter any doctors whom you see on a regular basis at this hospital/clinic.

Baltimore, MD 21202

Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

[Edit](#)

Inpatient Stays:

From: January 15, 2004 To: January 19, 2004

[Edit](#)

Outpatient visits were between January 4, 2004 and "No Date Entered"

[Edit](#)

Emergency Room visits were on January 7, 2004

[Edit](#)

Reasons for visits: Back Pain

Treatment received: Received pain killer shots to spine.

You did not enter a date for your next appointment at this hospital.

About Mercy Hospital

Edit Hospital/Clinic Record #: 12345678 123 Main Street
 You did not enter any doctors whom you see on a regular basis at this hospital/clinic. Baltimore, MD 21202
 Visits Included: Inpatient visit, Outpatient visit, Emergency Room visit

Edit Inpatient Stays:
 From: January 15, 2004 To: January 19, 2004

Edit Outpatient visits were between January 4, 2004 and "No Date Entered"

Edit Emergency Room visits were on January 7, 2004

Edit Reasons for visits: Back Pain
 Treatment received: Received pain killer shots to spine.
 You did not enter a date for your next appointment at this hospital.

Add Another Hospital/Clinic

About Your Medications

About Wellbutrin

Edit Reasons for medicine: Back Pain
 Side effects: None
 You did not indicate which doctor or medical professional prescribed this medication.

About Xanax

Edit Reasons for medicine: Back Pain
 Side effects: None
 You did not indicate which doctor or medical professional prescribed this medication.

About Quonimine

Edit Reasons for medicine: Back Pain
 Side effects: None
 You did not indicate which doctor or medical professional prescribed this medication.

About Arbutal

Edit Reasons for medicine: Back Pain
 Side effects: None
 You did not indicate which doctor or medical professional prescribed this medication.

About Sergomax

Edit Reasons for medicine: Back Pain
 Side effects: None
 You did not indicate which doctor or medical professional prescribed this medication.

About Livenol

Edit Reasons for medicine: Back Pain
 Side effects: None
 You did not indicate which doctor or medical professional prescribed this medication.

About Allbetanow

Edit Reasons for medicine: Back Pain
 Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

About Medicine Eight

Edit Reasons for medicine: Back Pain

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

About Medicine Nine

Edit Reasons for medicine: Back Pain

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

About Medicine Ten

Edit Reasons for medicine: Back Pain

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

About Medicine Eleven

Edit Reasons for medicine: Back Pain

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

About Medicine Twelve

Edit Reasons for medicine: Back Pain

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

About Medicine Thirteen

Edit Reasons for medicine: Back Pain

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

About Medicine Fourteen

Edit Reasons for medicine: Back Pain

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

About Tylenol

Edit Reasons for medicine: Back Pain

Side effects: None

You did not indicate which doctor or medical professional prescribed this medication.

Add Another Medication

About Your Medical Tests

You had or have scheduled medical tests since you last gave us medical information.

About EKG

Edit Date of test: March 2004

You did not indicate where this test was done or will be done.

You did not indicate who sent you or will send you for this test.

Add Another EKG

About Microfiber Imaging 1 of 2

Edit

Date of test: March 2004

You did not indicate what part of your body was or will be covered by this test.
You did not indicate where this test was done or will be done.
You did not indicate who sent you or will send you for this test.

About Microfiber Imaging 2 of 2

Edit

Date of test: March 2004

You did not indicate what part of your body was or will be covered by this test.
You did not indicate where this test was done or will be done.
You did not indicate who sent you or will send you for this test.

Add Another Microfiber Imaging

Add Another Type of Test

Other Names Used

Edit

You said that there are names on your medical records other than John Public.

Edit

Jack Public

Add Another Name

About Your Other Medical Records

About Workers' Compensation

Edit

WC Office
Scott Glenn

123 Main St
Baltimore, MD 21202

Add Another Workers' Comp

About Welfare Agency

Edit

Welfare Office
You did not enter the contact name for this welfare agency.

You did not enter the address of this welfare agency.
Baltimore, MD

Add Another Welfare Agency

About Prison or Jail

Edit

Prison
You did not enter the contact name for this prison or jail.

You did not enter the address of this prison or jail.
Baltimore, MD

Add Another Prison or Jail

About Insurance Company

Edit

Insurance Company
You did not enter the contact name for this insurance company.

You did not enter the address of this insurance company.
Baltimore, MD

Add Another Insurance Company

About Attorney/Lawyer Records

Edit

Law Firm
LawyerFN LawyerLN

You did not enter the address of this attorney/lawyer.
Baltimore, MD

Add Another Attorney/Lawyer Records

About Medical Records at Another Place

Edit Other Place
OtherPlaceFN OtherPlaceLN

You did not enter the address of this other place.
Baltimore, MD

Add Another Place

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Social Security Online
Online
www.socialsecurity.gov

Disability Report - Appeal

Sign Off

Review and Send

Name: John Public
SSN: xxx-xx-0535

Review and send: additional remarks about your case

Before you send this report, please provide any additional comments or information that you think we should know.

Please include any doctors, hospitals, medicines, tests, etc., that you did not already tell us about. For example, if you checked a box anywhere on this report to show that you had more information than the space allowed, you may give us that information here. If you do not have enough room to enter all the information you want to give us, please write the information on a separate sheet of paper and send it to us at the address we will give you.

Items marked with an asterisk (*) are required.

Please enter any additional remarks:

2000 characters maximum. This is about 40 lines of typing or about 320 words.

Count Characters

You

have entered 0 characters

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*** Information About the Person Completing this Report**

John Public completed this report
June Public completed this report
Someone else completed this report

If you completed this report for John Public and you are not June Public, please provide the information requested below. Skip this part if you completed the report for yourself.

Name:

Suffix (if any)

(First, Middle Initial, Last)

Address:

(Street Address 1)

(Street Address 2)

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Review and send: additional remarks about your case

(Street Address 3)

(City, State, ZIP)

**Email Address
(Optional)**

**Relationship to
Disabled Person**

**Daytime Telephone
Number**

Extension:

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Social Security Online
Online

Disability Report - Appeal

www.socialsecurity.gov

Sign Off

Review and Send

Name: John Public
SSN: xxx-xx-0535

Review and send: send this report

You are ready to send this report electronically to Social Security. If you were not able to complete all parts of the report, don't worry. We will contact you if we need any more information.

IMPORTANT: After you send this report, you will not be able to come back to it online.

- If you want to make changes after sending the online Appeal Disability Report, you will have to contact your Social Security Office.
- If you want a copy of the summary page and you have not yet printed it, choose the "Previous Page" button to go back to the summary before using "Send." You can then return to this page and send the report to us.
- If you are ready to submit this report, use the "Send" button.

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Send

[Contact Us](#) | [How to Move Around This Report](#)

Social Security Online
Online

Disability Report - Appeal

www.socialsecurity.gov

Name: **John Public**
SSN: **xxx-xx-0535**

Review and send: additional forms we need

Although you have sent the report to us online, we still need a few items from you. In the next few pages, we will guide you through the process of printing and sending these items to us.

What you need to do next:

1. Continue to the next page, which is the cover sheet.
2. Print a copy of the cover sheet (or two copies if you want to keep one).
3. Complete the "Name" block and date on the cover sheet.
4. Mark on the cover sheet what you are sending or bringing to Social Security.
5. Mail or bring the cover sheet and its attachments to Social Security at the address we will give you.

You may want to print an extra copy of each form to keep for your records.

Continue

[Contact Us](#) | [How to Move Around This Report](#)

Social Security Online
Online

Disability Report - Appeal

www.socialsecurity.gov

Name: John Public
SSN: xxx-xx-0535

Review and send: print cover sheet

Please print this page and mail or bring it to Social Security at the address shown below to submit medical release forms for John Public.

John Public's address is:

555 Main Street
Anywhere, MD 21087

John Public's daytime phone number is:

(410) 555-1212

Name and address of someone else Social Security can contact who knows about John Public's condition and can help with his or her appeal:

June Public
555 Main Street
Baltimore, MD 21087

I have attached the following items:

Check all that apply.

- Medical Release
- Medical Evidence
- Appointment of Representative Form
- Waiver of Right to Personal Appearance Form
- Other (Please list below.)

Name of person completing this disability report: John Public

Date: April 1, 2011

Mail or bring to:

SOCIAL SECURITY ADMINISTRATION

315 N WASHINGTON ST
ROCKVILLE, MD 20850
(866) 838-5341

You can mail or bring these documents to a different Social Security Office. You can use the [Office Locator](#) to find another Social Security Office.

If you have printing problems:

Please try again. If you are still unable to print this page, please continue. Contact Social Security at the address and phone number we have provided to tell us that you could not print the Cover Sheet.

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[Contact Us](#) | [How to Move Around This Report](#)

Social Security Online
Online

Appeals Process

www.socialsecurity.gov

How to move around in the Disability Report

- To move forward page by page in order in the report, use the Continue button at the bottom of the page. **IMPORTANT: DO NOT USE THE ENTER KEY TO MOVE AROUND IN THE REPORT OR TO SELECT FROM DROP DOWN LISTS.**
- To move backward page by page in order in the report, use the Previous button at the bottom of the page. Do NOT use the "Back" button on your browser to move backward.
- Once you have completed the About You information, you can move from section to section in the report using the Tabs at the top of the page. Using a Tab will take you to the first page of a section.
- Once you have reached a Summary page in a section, you may return to it by using the Return to Summary button at the bottom of a page in that section.
- There is a 30-minute time limit for your work on each page. You will receive a warning after 30 minutes and you can extend your time on the page. After the third warning on a page, you must continue to the next page or your time will run out and your work on that page will be lost. If you have turned JavaScript off in your browser, you will not receive these warnings and after 30 minutes on a page, your disability report session will end, and your work on the last page will be lost.

Close this window to return to the appeal process.

Appeals Process

What is my notice date?

It is important that you have the notice date so that we can give you appropriate guidance in completing the Appeal Request.

SOCIAL SECURITY ADMINISTRATION
 Retirement, Survivors, and Disability Insurance
 Supplement Security Income
 Notice of Reconsideration

Date: [Month, Day, Year]
 Claim Number: 000-00-0000 A

[Your Name]
 [Your Address]

You asked us to take another look at your claim for Social Security disability benefits. Someone who did not make the first decision reviewed your case, including any new facts we received, and found that the first decision was correct.

— This is your notice date.

Close this window to return to the appeal process.

Appeals Process

About your notice and claim numbers

This example is just to show you where to look for your notice title. In order to continue, your notice title should be one of the following:

- Notice of Disapproved Claim
- Notice of Reconsideration
- Notice of Federal Reviewing Official Decision

If more than one claim number is shown on your notice, please enter the first one.

SOCIAL SECURITY ADMINISTRATION Retirement, Survivors, and Disability Insurance Supplement Security Income	
Notice of Reconsideration	
	Date: [Month, Day, Year]
	Claim Number: 000-00-0000 A
[Your Name] [Your Address]	
You asked us to take another look at your claim for Social Security disability benefits. Someone who did not make the first decision reviewed your case, including any new facts we received, and found that the first decision was correct.	

This is your Notice title.

This is your claim number, including any letter(s) at the end.

If You Have Questions

Call our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 AM to 7 PM.

Close this window to return to the appeal process.

If you do not want to use this online appeal process

Other Ways to Request an Appeal or Complete a Disability Report

If you prefer not to complete an appeal request or a Disability Report on the Internet, you can use any of the following ways:

- Call our toll-free number, **1-800-772-1213**. Explain that you don't want to use the online appeal process but do want to appeal the decision made in your case. Representatives are available Monday through Friday from 7 AM to 7 PM. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**.
- Contact your local Social Security Office and tell our representative that you want to appeal the decision made on your case.
- Refer to your denial notice to find out the kind of appeal you need to request. You can print the form you need from our Forms Page. In addition to the appeal request form, you will need to print and complete a paper Appeal Disability Report (SSA-3441) and an Authorization to Disclose Information to SSA (SSA-827). After you print out and complete all three forms, you should mail or take them to your local Social Security Office. We will be able to take action more quickly if we receive all three forms at the same time.

Note: You must have Adobe Reader on your computer to read and print the forms. If you do not have a current version of Adobe Reader, use this link to [get a free copy of Adobe Reader](#).

- If you live outside the United States, see [Service Around the World](#).

Close this window to return to the appeal process.

Submitting additional evidence

If you have additional evidence to submit in support of your claim:

- If the evidence is medical information, we can request it from the source. Please include the name and address of the doctor, hospital or other source when you complete the Appeal Disability Report, which is Part 2 of the Internet Appeal process.
- If you have evidence in your possession that you wish to submit, please send it to Social Security with the other documents we will ask you to print at the end of Part 2. We will give you the address of your local office.

If you are not submitting additional evidence now but would like to do so later:

- Please submit your evidence to the hearing office within 10 days.
- You may submit it directly to the hearing office that is handling your case. Your local Social Security office can give you the address.
- If you received a "Notice of Federal Reviewing Official Decision" you **must** submit your evidence no fewer than five days before your hearing unless you have a good reason for not doing so.

Close this window to return to the appeal process.
