



# Disability Appeal

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**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](#)
- [Information for Representatives](#)
- [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](#)

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## Can you use this online disability appeal?

Please note: if you are helping another person fill out this appeal, answer all of the questions as they apply to the person you are helping.

To complete an appeal online, you must have a [notice of decision](#).

\* Do you live in the United States or one of its territories / commonwealths?

Yes  No

\* Did you receive a notice of decision?

Yes  No

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Social Security Online  
Online

# Disability Appeal

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## Claimant information

Please note: "Claimant" refers to the adult or child whose disability decision is being appealed.

**\* Claimant Name:**

(Enter the First, Middle, and Last Name of the person applying for benefits.)

Suffix (if any)

**\* Claimant Social Security Number:**

Please enter the Social Security Number without dashes or hyphens.

**\* Claimant date of birth:**

**\* What is the date on the "Notice of Decision" you received?**

(If you do not know which date we are referring to, see [What Is My Notice Date?](#))

**\* Claimant residence ZIP code:**

(Enter the ZIP code for the address where the claimant lives. This helps us to process the appeal properly.)

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# Social Security Online Disability Appeal

Online

[www.socialsecurity.gov](http://www.socialsecurity.gov)

Name: John G Public  
SSN: xxx-xx-0092

## Request for hearing by administrative law judge

OMB No. 0960-0269  
Paperwork Reduction Act

Your privacy is important. For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

**Claimant Name:** John G Public

(First, Middle, Last)

**\* Claimant Address:**

Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101. If the address on your notice is correct, please enter it exactly as it appears on the denial notice.

\* (Street Line 1)

(Street Line 2)

(Street Line 3)

(Street Line 4)

\* (City, State, ZIP Code)

21087

**Claimant Telephone Number:**

Example: (111) 222-3333

**Claimant Fax Number:**  
(If known)

**Claimant Social Security Number (SSN):** xxx-xx-0092

**Claimant Claim Number**  
(If different from SSN):

What is the Claim

Number?

**Wage Earner Name**  
(If different from  
Claimant):

Suffix (if any)

(First, Middle, Last)

Who is the Wage  
Earner?

**I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE.**

Enter a brief explanation of the reason for your appeal. 205 character maximum. This is about 4 lines of typing.

**\* I disagree with the determination made on my claim because:**

Count Characters | You have entered 0 characters

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 your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

**\* I have additional evidence to submit:**  Yes  No

If yes, you will be asked to give us the name and address of the source of additional evidence in Part 2 of the Internet Appeal process. For more information about how to submit additional evidence, use the link [Submitting Additional Evidence](#).

**Do you wish to appear at a hearing?**

**\* Select one answer:**  I wish to appear at a hearing.  I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver of Your Right to Personal Appearance Before an ALJ , HA-4608.)

You have a right to be represented at the hearing. Use this link if you want to know [more about representatives](#).

**\* Do you currently have a representative?**  Yes  No

**\* Select one answer:**  I am completing this form as the Claimant.  I am completing this form as the Claimant's Representative.

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Social Security Online **Disability Appeal**

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Name: **John G Public**  
SSN: xxx-xx-0093

**Representative's information**

You said earlier that the claimant has a representative. If this is not correct, you can

[Change Your Answer](#)

If the claimant has not done so previously, he or she may need to complete and submit a [form SSA-1696 \(Appointment of Representative\)](#). See [About Your Right to Representation](#) for more information.

**\* Representative's Name:**

**Suffix (if any)**

(First, Middle, Last)

**\* Is the Representative an attorney?**

Yes  No

**\* Mailing Address:**

Please provide a complete address, including apartment number if applicable. Please do NOT use punctuation; for example, no periods or commas. Example: 528 Dawn St Apt 101

**\* (Street Line 1)**

**(Street Line 2)**

**(Street Line 3)**

**(Street Line 4)**

**\* (City, State, ZIP Code)**

**Telephone Number:**

Example:(111) 222-3333

**Fax Number:**

(If known)

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# Disability Appeal

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Name: **John G Public**  
SSN: **xxx-xx-0092**

## Review and submit your request for hearing

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 appeal.

**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 mailing address is **555 Main Street, Anywhere, MD 21087**. The Claimant's phone number is **(410) 555-1212**.

Claimant's Social Security number is **xxx-xx-0092**. Claimant's claim number is **xxx-xx-1234A**.

The Claimant disagrees with the determination made on his or her claim because: **Any Reason**.

The Claimant is represented by **Mike P Public**, 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, Anywhere, MD 21212**.

The Claimant understands that an Administrative Law Judge of the Social Security's Administration's Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in his/her 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  
23 ALLEGHENY AVENUE  
TOWSON, MD 21204

if the Claimant has additional evidence such as a doctor's report, it

should be sent to Social Security within 10 days.

I, Mike P 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, Mike P Public, have read and agree with the above.

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[Submit](#)

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Name: John G Public  
SSN: xxx-xx-0092

## 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: **15867932**

To continue with this appeal later, go to [www.socialsecurity.gov/disability/appeal](http://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 March 13, 2013, at 8:59:19 am Eastern Time.

This is your receipt for the request portion of your appeal. Contact Social Security within ten days after March 13, 2013 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, Anywhere, MD 21087. The Claimant's phone number is (410) 555-1212.

Claimant's Social Security number is xxx-xx-0092. Claimant's claim number is xxx-xx-1234A.

The Claimant disagrees with the determination made on his or her claim because: Any Reason

The Claimant is represented by Mike P Public, 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, Anywhere, MD 21212.

The Claimant understands that an Administrative Law Judge of the Social Security's 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-4308 (Waiver of Your Right to Personal Appearance Before an ALJ) and send it to:

SOCIAL SECURITY ADMINISTRATION  
22 ALLEGHENY AVENUE  
TOWSON, MD 21204

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)

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## Welcome back

Please enter the claimant's Social Security number and reentry number to return to the appeal.

\* **Social Security Number:**

(without dashes or hyphens)

\* **Reentry Number:**

If you do not have your reentry number, you cannot continue the appeal you already started.

To start over, you can:

- Select "Previous" to start a new appeal online, or
- Choose from the [other ways to complete a disability appeal](#)

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Social Security Online  
Online

# Disability Appeal

[www.socialsecurity.gov](http://www.socialsecurity.gov)

Name: John G Public  
SSN: xxx-xx-0093

## Are you sure you want to sign off?

Before you select "Sign Off" below, be sure you have the following information so you will be able to continue your appeal later. To print or save this page, please use your browser's Print button or File menu commands.

Below is your reentry number. This number will allow you to continue the appeal where you left off. If you lose or forget your reentry number, you will need to start a new appeal. Only you have access to your number.

Your reentry number is: **37649726**

To continue with this appeal later, go to [www.socialsecurity.gov/disability/appeal](http://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.

If you do not want to submit your appeal online, you can use one of the [other ways to complete your appeal](#).

Are you sure you want to sign off now and finish later?

No, Return to Appeal

Yes, I want to Sign Off

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