

PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION

IMPORTANT INFORMATION ON REVERSE SIDE

I request approval to charge a fee of:

Fee\$ (Show the dollar amount)

for services performed as the representative of:

My Services Began: / / Month Day Year

My Services Ended: / / Month Day Year

Type(s) of claim(s)

Enter the name and the Social Security number of the person on whose Social Security record the claim is based.

/ /

1. Itemize on a separate page or pages the services you rendered before the Social Security Administration (SSA). List each meeting, conference, item of correspondence, telephone call, and other activity in which you engaged, such as research, preparation of a brief, attendance at a hearing, travel, etc., related to your services as representative in this case. Attach to this petition the list showing the dates, the descriptions of each service, the actual time spent in each, and the total hours.

2. Have you and your client entered into a fee agreement for services before SSA? YES NO If "yes," please specify the amount on which you agreed, and attach a copy of the agreement to this petition. \$ and See attached

3. (a) Have you received, or do you expect to receive, any payment toward your fee from any source other than from funds which SSA may be withholding for fee payment? YES NO (b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee? YES NO If "yes" to either or both of the above, please specify the source(s) and the amount(s).

Source: \$ Source: \$

Note: If you receive payment(s) after submitting this petition, but before the SSA approves a fee, you have an affirmative duty to notify the SSA office to which you are sending this petition.

4. Have you received, or do you expect to receive, reimbursement for expenses you incurred? YES NO If "yes," please itemize your expenses and the amounts on a separate page.

5. Did you render any services relating to this matter before any State or Federal court? YES NO If "yes," what fee did you or will you charge for services in connection with the court proceedings? Please attach a copy of the court order if the court has approved a fee. \$

6. Have you been disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney? YES NO

7. Have you been disqualified from participating in or appearing before a Federal program or agency? YES NO

I 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.

Signature of Representative Date Address (include Zip Code)

Firm with which associated, if any Telephone No. and Area Code

[Note: The following is optional. However, SSA can consider your fee petition more promptly if your client knows and already agrees with the amount you are requesting.]

I understand that I do not have to sign this petition or request. It is my right to disagree with the amount of the fee requested or any information given, and to ask more questions about the information given in this request (as explained on the reverse side of this form). I have marked my choice below.

I agree with the \$ fee which my representative is asking to charge and collect. By signing this request, I am not giving up my right to disagree later with the total fee amount the Social Security Administration authorizes my representative to charge and collect.

OR

I do not agree with the requested fee or other information given here, or I need more time. I understand I must call, visit, or write to SSA within 20 days if I have questions or if I disagree with the fee requested or any information shown (as explained on the reverse sides of this form).

Signature of Claimant Date

Address (include Zip Code) Telephone No. and Area Code

## INSTRUCTIONS FOR USING THIS PETITION

Any attorney or other representative who wants to charge or collect a fee for services, rendered in connection with a claim before the Social Security Administration (SSA), is required by law to first obtain SSA's approval of the fee [sections 206(a) and 1631(d)(2) of the Social Security Act (42 U.S.C. 406(a) and 1383(d)(2)) and sections 404.1720 and 416.1520 of Social Security Administration Regulations Numbers 4 and 16, respectively.] The only exceptions are 1) when a third party entity, (i.e. a business, firm, or government agency) will pay the fee and any expenses from its own funds and the claimant and any auxiliary beneficiaries incur no liability, directly or indirectly, for the cost(s); (2) when a court has awarded a fee for services provided in connection with proceedings before us to a legal guardian, committee, or similar court-appointed office; or (3) when representational services were provided before the court. A representative who has provided services in a claim before both the Social Security Administration and a court of law may seek a fee from either or both, but neither tribunal has the authority to set a fee for the other [42 U.S.C. 406(a) and (b)].

### When to File a Fee Petition

The representative should request fee approval only after completing all services (for the claimant and any auxiliaries). The representative has the option to petition either before or after SSA effectuates the determination(s). In order to receive direct payment of all or any part of an authorized fee from past-due benefits, the attorney representative or non-attorney representative whom SSA has found eligible to receive direct payment should file a request for fee approval, or written notice of intent to file a request **within 60 days** of the date of the notice of the favorable determination is mailed. When there are multiple claims on one account and the attorney or non-attorney will not file the petition within 60 days after the mailing date of the first notice of favorable determination, he or she should file a written notice of intent to file a request for fee approval within the 60-day period.

### Where to File the Petition

The representative must first give the "Claimant's Copy" of the SSA-1560-U4 petition to the claimant for whom he or she rendered services, with a copy of each attachment. The representative may then file the original and third carbon copy, the "OHA Copy," of the SSA-1560-U4, and the attachment(s), with the appropriate SSA office:

- If a court or the Appeals Council issued the decision, send the petition to the Office of Hearings and Appeals. Attention: Attorney Fee Branch, 5107 Leesburg Pike, Falls Church, VA 22041-3255.
- If an Administrative Law Judge issued the decision, send the petition to him or her using the hearing office address.
- In all other cases, send the petition to the reviewing office address which appears at the top right of the notice of award or notice of disapproved claim.

### Evaluation of a Petition for a Fee

If the claimant has not agreed to and signed the fee petition, SSA does not begin evaluating the request for 30 days. SSA must decide what is a reasonable fee for the services rendered to the claimant, keeping in mind the purpose of the social security or supplemental security income program. When evaluating a request for fee approval, SSA will consider the (1) extent and type of services the representative performed; (2) complexity of the case; (3) level of skill and competence required of the representative in giving the services; (4) amount of time he or she spent on the case; (5) results achieved; (6) levels of review to which the representative took the claim and at which he or she became the representative; and (7) amount of fee requested for services rendered, including any amount authorized or requested before but excluding any amount of expenses incurred. SSA also considers the amount of benefits payable, if any, but authorizes the fee amount based on consideration of all the factors given here. The amount of benefits payable in a claim is determined by specific provisions of law unrelated to the representative's efforts. Also, the amount of past-due benefits may depend on the length of time that has elapsed since the claimant's effective date of entitlement.

### Disagreement

SSA notifies both the representative and the claimant of the amount which it authorizes the representative to charge. If either or both disagree, SSA will further review the fee authorization when the claimant or representative sends a letter, explaining the reason(s) for disagreement, to the appropriate office **within 30 days** after the date of the notice of authorization to charge and receive a fee.

### Collection of the Fee

Basic liability for payment of a representative's approved fee rests with the client. However, SSA will assist in fee collection when the representative is an attorney or a non-attorney whom SSA has found eligible to receive direct payment, and SSA awards the claimant benefits under Title II or Title XVI of the Social Security Act. In these cases, SSA generally withholds 25 percent of the claimant's past-due benefits. Once the fee is approved, SSA pays the attorney or the eligible non-attorney from the claimant's withheld funds. **This does not mean that SSA will approve as a reasonable fee 25 percent of the past-due benefits.** The amount payable to the attorney or eligible non-attorney from the withheld benefits is subject to the assessment required by section 206(d) and 1631(d)(2)(C) of the Social Security Act, and it is also subject to offset by any fee payment(s) the attorney or eligible non-attorney has received or expects to receive from an escrow or trust account. If the approved fee is more than the amount of the withheld benefits, collection of the difference is a matter between the attorney or eligible non-attorney and the client. SSA will not pay a fee from withheld past-due benefits when the authorized fee is for an attorney or non-attorney who was discharged by the client or who withdrew from representing the client.

### Penalty for Charging or Collecting an Unauthorized Fee

Any individual who charges or collects an unauthorized fee for services provided in any claim, including services before a court which has rendered a favorable determination, may be subject to prosecution under 42 U.S.C. 406 and 1383 which provide that such individual, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500, by imprisonment not exceeding one year, or both.

### Privacy Act

Sections 206 and 1631(d) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine a fair value for services you rendered to the claimant named on the form. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may affect the amount you are requesting. We rarely use the information you supply for any purpose other than determining a fair value for services. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0003, entitled Attorney Fee File. Additional information about this and other system of records notices and our programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**

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2. Have you and your client entered into a fee agreement for services before SSA? [ ] YES [ ] NO
If "yes," please specify the amount on which you agreed, and attach a copy of the agreement to this petition. \$ \_\_\_ and [ ] See attached

3. (a) Have you received, or do you expect to receive, any payment toward your fee from any source other than from funds which SSA may be withholding for fee payment? [ ] YES [ ] NO
(b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee? [ ] YES [ ] NO
If "yes" to either or both of the above, please specify the source(s) and the amount(s).
Source: \_\_\_ \$ \_\_\_
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Note: If you receive payment(s) after submitting this petition, but before the SSA approves a fee, you have an affirmative duty to notify the SSA office to which you are sending this petition.

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If "yes," please itemize your expenses and the amounts on a separate page.

5. Did you render any services relating to this matter before any State or Federal court? [ ] YES [ ] NO
If "yes," what fee did you or will you charge for services in connection with the court proceedings? Please attach a copy of the court order if the court has approved a fee. \$ \_\_\_

6. Have you been disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney? [ ] YES [ ] NO

7. Have you been disqualified from participating in or appearing before a Federal program or agency? [ ] YES [ ] NO

I 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.

Signature of Representative Date Address (include Zip Code)
Firm with which associated, if any Telephone No. and Area Code

[Note: The following is optional. However, SSA can consider your fee petition more promptly if your client knows and already agrees with the amount you are requesting.]

I understand that I do not have to sign this petition or request. It is my right to disagree with the amount of the fee requested or any information given, and to ask more questions about the information given in this request (as explained on the reverse side of this form). I have marked my choice below.

[ ] I agree with the \$ \_\_\_ fee which my representative is asking to charge and collect. By signing this request, I am not giving up my right to disagree later with the total fee amount the Social Security Administration authorizes my representative to charge and collect.

OR

[ ] I do not agree with the requested fee or other information given here, or I need more time. I understand I must call, visit, or write to SSA within 20 days if I have questions or if I disagree with the fee requested or any information shown (as explained on the reverse sides of this form).

Signature of Claimant Date
Address (include Zip Code) Telephone No. and Area Code

## WHAT YOU SHOULD KNOW

This is a copy of a petition, or request, your representative made to the Social Security Administration (SSA) for approval to charge a fee for services performed in connection with your claim.

### If You Have Questions or Disagree Now

If you have questions or if you disagree with the fee requested or any information shown, contact SSA **within 20 days** from the date of this request. You may call or visit your local Social Security office or you may write to the office which last took action in your case.

- Write to the SSA office address which appears at the top right on your notice of award or notice of disapproved claim, unless you know that your claim went to the Appeals Council or an Administrative Law Judge of the Office of Hearings and Appeals.
- If an Administrative Law Judge made the last decision in your case, write to him or her using the hearing office address.
- If the Appeals Council or a court made the last decision in your case, write to the Office of Hearings and Appeals, Attention: Attorney Fee Branch, 5107 Leesburg Pike, Falls Church, VA 22041-3255.

If you decide to call, visit, or write, act quickly so that your questions reach the correct office **within 20 days**.

### For Your Protection

Until you receive notice that SSA has approved a fee, you should not pay your representative unless the payment is held in an escrow or trust account. If you are charged or pay any money after you receive your copy of this petition but before you receive notice of the fee amount your representative may charge, report this to SSA immediately.

### What Happens Next

No matter what you may have agreed to in writing, SSA decides how much your representative may charge you for his or her services. SSA must decide what is a reasonable fee for the work your representative did, keeping in mind the purpose of the social security or supplemental security income program. **SSA does not automatically approve 25 percent of any past-due benefits as a reasonable fee.** SSA must consider the (1) extent and type of services the representative performed; (2) complexity of your case; (3) level of skill and competence required of your representative in giving the services; (4) amount of time he or she spent on your case; (5) results achieved; (6) levels of review to which your representative took your claim and at which he or she became your representative; and (7) amount of fee he or she requests, including any amount requested or authorized before but excluding any amount of expenses incurred. SSA also considers the amount of benefits payable, if any, but approves a fee amount based on all the factors given here. This is because the amount of benefits payable to you is determined by the law and regulations, not by your representative's efforts. Also, the amount of past-due benefits may depend on the length of time that has gone by since your effective date of entitlement.

### What Happens Later

SSA will send you a written notice showing the fee amount your representative may charge you based on this request. If you disagree with the amount approved, you must write to say you disagree and to give your reasons, sending your letter to the SSA office address shown on the "Authorization to Charge and Receive a Fee" **within 30 days** of the date on that notice. **You may disagree with the fee approved, even if you do not disagree now with the fee amount your representative is requesting.**

The law and regulations say that part of any past-due social security or supplemental security income benefits payable to you, under Title II or Title XVI of the Social Security Act must be used toward the payment of your representative's fee if he or she is an attorney or a non-attorney whom SSA has found eligible to receive direct payment. The amount SSA may pay your attorney or eligible non-attorney directly is the **smallest** of the following:

- twenty-five percent (25%), or one-fourth, of the total past-due benefits payable to you as a result of the claim;
- the fee amount approved; or
- the amount which you and your attorney or eligible non-attorney agreed upon as the fee for his or her services (shown on the reverse in item 2 of this petition).

SSA will not pay a fee to an attorney or non-attorney representative if you discharged the representative or he or she withdrew from representing you.

### Privacy Act

Sections 206 and 1631(d) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine a fair value for services you rendered to the claimant named on the form. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may affect the amount you are requesting. We rarely use the information you supply for any purpose other than determining a fair value for services. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and
2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0003, entitled Attorney Fee File. Additional information about this and other system of records notices and our programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**

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IMPORTANT INFORMATION ON REVERSE SIDE

I request approval to charge a fee of:

Fee\$ (Show the dollar amount)

for services performed as the representative of:

My Services Began: \_\_\_ / \_\_\_ / \_\_\_
Month Day Year

My Services Ended: \_\_\_ / \_\_\_ / \_\_\_
Month Day Year

Type(s) of claim(s)

Enter the name and the Social Security number of the person on whose Social Security record the claim is based.

\_\_\_ / \_\_\_ / \_\_\_

1. Itemize on a separate page or pages the services you rendered before the Social Security Administration (SSA). List each meeting, conference, item of correspondence, telephone call, and other activity in which you engaged, such as research, preparation of a brief, attendance at a hearing, travel, etc., related to your services as representative in this case. Attach to this petition the list showing the dates, the descriptions of each service, the actual time spent in each, and the total hours.

2. Have you and your client entered into a fee agreement for services before SSA? [ ] YES [ ] NO
If "yes," please specify the amount on which you agreed, and attach a copy of the agreement to this petition. \$ \_\_\_ and [ ] See attached

3. (a) Have you received, or do you expect to receive, any payment toward your fee from any source other than from funds which SSA may be withholding for fee payment? [ ] YES [ ] NO
(b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee? [ ] YES [ ] NO
If "yes" to either or both of the above, please specify the source(s) and the amount(s).
Source: \_\_\_ \$ \_\_\_
Source: \_\_\_ \$ \_\_\_

Note: If you receive payment(s) after submitting this petition, but before the SSA approves a fee, you have an affirmative duty to notify the SSA office to which you are sending this petition.

4. Have you received, or do you expect to receive, reimbursement for expenses you incurred? [ ] YES [ ] NO
If "yes," please itemize your expenses and the amounts on a separate page.

5. Did you render any services relating to this matter before any State or Federal court? [ ] YES [ ] NO
If "yes," what fee did you or will you charge for services in connection with the court proceedings? Please attach a copy of the court order if the court has approved a fee. \$ \_\_\_

6. Have you been disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney? [ ] YES [ ] NO

7. Have you been disqualified from participating in or appearing before a Federal program or agency? [ ] YES [ ] NO

I 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.

Signature of Representative Date Address (include Zip Code)

Firm with which associated, if any Telephone No. and Area Code

[Note: The following is optional. However, SSA can consider your fee petition more promptly if your client knows and already agrees with the amount you are requesting.]

I understand that I do not have to sign this petition or request. It is my right to disagree with the amount of the fee requested or any information given, and to ask more questions about the information given in this request (as explained on the reverse side of this form). I have marked my choice below.

[ ] I agree with the \$ \_\_\_ fee which my representative is asking to charge and collect. By signing this request, I am not giving up my right to disagree later with the total fee amount the Social Security Administration authorizes my representative to charge and collect.

OR

[ ] I do not agree with the requested fee or other information given here, or I need more time. I understand I must call, visit, or write to SSA within 20 days if I have questions or if I disagree with the fee requested or any information shown (as explained on the reverse sides of this form).

Signature of Claimant Date

Address (include Zip Code) Telephone No. and Area Code

## INSTRUCTIONS FOR USING THIS PETITION

Any attorney or other representative who wants to charge or collect a fee for services, rendered in connection with a claim before the Social Security Administration (SSA), is required by law to first obtain SSA's approval of the fee [sections 206(a) and 1631(d)(2) of the Social Security Act (42 U.S.C. 406(a) and 1383(d)(2)) and sections 404.1720 and 416.1520 of Social Security Administration Regulations Numbers 4 and 16, respectively.] The only exceptions are 1) when a third party entity, (i.e. a business, firm, or government agency) will pay the fee and any expenses from its own funds and the claimant and any auxiliary beneficiaries incur no liability, directly or indirectly, for the cost(s); (2) when a court has awarded a fee for services provided in connection with proceedings before us to a legal guardian, committee, or similar court-appointed office; or (3) when representational services were provided before the court. A representative who has provided services in a claim before both the Social Security Administration and a court of law may seek a fee from either or both, but neither tribunal has the authority to set a fee for the other [42 U.S.C. 406(a) and (b)].

### When to File a Fee Petition

The representative should request fee approval only after completing all services (for the claimant and any auxiliaries). The representative has the option to petition either before or after SSA effectuates the determination(s). In order to receive direct payment of all or any part of an authorized fee from past-due benefits, the attorney representative or non-attorney representative whom SSA has found eligible to receive direct payment should file a request for fee approval, or written notice of intent to file a request **within 60 days** of the date of the notice of the favorable determination is mailed. When there are multiple claims on one account and the attorney or non-attorney will not file the petition within 60 days after the mailing date of the first notice of favorable determination, he or she should file a written notice of intent to file a request for fee approval within the 60-day period.

### Where to File the Petition

The representative must first give the "Claimant's Copy" of the SSA-1560-U4 petition to the claimant for whom he or she rendered services, with a copy of each attachment. The representative may then file the original and third carbon copy, the "OHA Copy," of the SSA-1560-U4, and the attachment(s), with the appropriate SSA office:

- If a court or the Appeals Council issued the decision, send the petition to the Office of Hearings and Appeals. Attention: Attorney Fee Branch, 5107 Leesburg Pike, Falls Church, VA 22041-3255.
- If an Administrative Law Judge issued the decision, send the petition to him or her using the hearing office address.
- In all other cases, send the petition to the reviewing office address which appears at the top right of the notice of award or notice of disapproved claim.

### Evaluation of a Petition for a Fee

If the claimant has not agreed to and signed the fee petition, SSA does not begin evaluating the request for 30 days. SSA must decide what is a reasonable fee for the services rendered to the claimant, keeping in mind the purpose of the social security or supplemental security income program. When evaluating a request for fee approval, SSA will consider the (1) extent and type of services the representative performed; (2) complexity of the case; (3) level of skill and competence required of the representative in giving the services; (4) amount of time he or she spent on the case; (5) results achieved; (6) levels of review to which the representative took the claim and at which he or she became the representative; and (7) amount of fee requested for services rendered, including any amount authorized or requested before but excluding any amount of expenses incurred. SSA also considers the amount of benefits payable, if any, but authorizes the fee amount based on consideration of all the factors given here. The amount of benefits payable in a claim is determined by specific provisions of law unrelated to the representative's efforts. Also, the amount of past-due benefits may depend on the length of time that has elapsed since the claimant's effective date of entitlement.

### Disagreement

SSA notifies both the representative and the claimant of the amount which it authorizes the representative to charge. If either or both disagree, SSA will further review the fee authorization when the claimant or representative sends a letter, explaining the reason(s) for disagreement, to the appropriate office **within 30 days** after the date of the notice of authorization to charge and receive a fee.

### Collection of the Fee

Basic liability for payment of a representative's approved fee rests with the client. However, SSA will assist in fee collection when the representative is an attorney or a non-attorney whom SSA has found eligible to receive direct payment, and SSA awards the claimant benefits under Title II or Title XVI of the Social Security Act. In these cases, SSA generally withholds 25 percent of the claimant's past-due benefits. Once the fee is approved, SSA pays the attorney or the eligible non-attorney from the claimant's withheld funds. **This does not mean that SSA will approve as a reasonable fee 25 percent of the past-due benefits.** The amount payable to the attorney or eligible non-attorney from the withheld benefits is subject to the assessment required by section 206(d) and 1631(d)(2)(C) of the Social Security Act, and it is also subject to offset by any fee payment(s) the attorney or eligible non-attorney has received or expects to receive from an escrow or trust account. If the approved fee is more than the amount of the withheld benefits, collection of the difference is a matter between the attorney or eligible non-attorney and the client. SSA will not pay a fee from withheld past-due benefits when the authorized fee is for an attorney or non-attorney who was discharged by the client or who withdrew from representing the client.

### Penalty for Charging or Collecting an Unauthorized Fee

Any individual who charges or collects an unauthorized fee for services provided in any claim, including services before a court which has rendered a favorable determination, may be subject to prosecution under 42 U.S.C. 406 and 1383 which provide that such individual, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500, by imprisonment not exceeding one year, or both.

### Privacy Act

Sections 206 and 1631(d) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to determine a fair value for services you rendered to the claimant named on the form. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may affect the amount you are requesting. We rarely use the information you supply for any purpose other than determining a fair value for services. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0003, entitled Attorney Fee File. Additional information about this and other system of records notices and our programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.**