

**RECONSIDERATION REQUEST 1/ FEDRO**

Ln	0	1	2	3	4	5	6	7	7	8	
No	1	23456789012345678901234567890123456789012345678901234567890123456789	0	1	2	3	4	5	6	7	8
1	C	MCS RECONSIDERATION REQUEST(RCN1) OR FEDRO (FDR1)SD3									4
2	O	NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS									
3	L										
4	U	CROSS REFERENCE SSN: SSSSSSSSS BIC: SS SSN: SSSSSSSSS BIC: SS									
5	M	APPELLANT (IF OTHER THAN CLMT OR REP): XX									
6	N	ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
7	*	XX									
8	O	CITY: XXXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 PHONE: 999 999 9999									
9	N	COUNTRY: XXXXXXXXXXXXXXXX CONSUL CODE: 999									
10	E	BIC: XX SPOUSE SSN: 9999999999 CASE TYPE: 9 1. INITIAL ENT									
11		EXPLANATION PROVIDED (Y/N): X REQUESTED (Y/N): X									
12	R	APPEAL CLAIM TYPE: 9 9									
13	E	1. RSI RSI 5. SSI BLIND/TITLE II SSBC									
14	S	2. DISABILITY WORKER OR CHILD DIWC 6. SSI DISABILITY/TITLE II SSDC									
15	E	3. DISABILITY WIDOW(ER) DIWW 7. HEALTH INS ENT HIE									
16	R	4. SSI AGED/TITLE II SSAC 8. OTHER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
17	V	ISSUE: XXX									
18	E	REASON REQUESTED: XXX									
19	D	XX									
20		XX									
21		XX									
22		ADDITIONAL EVIDENCE (Y/N/F): X									
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****									
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****									

\*THE TITLE OF THIS SCREEN WILL CHANGE BASED ON THE SELECTION MADE ON THE NAPP (APPEALS ESTABLISHMENT SCREEN)

The key to the highlight values is:

Yellow	Mandatory
Green	Conditional
Blue	Optional

Ln	0	1	2	3	4	5	6	7	8	
No	1	234567890123456789012345678901234567890123456789012345678901234567890123456789							0	
1	C	MCS	RECONSIDERATION REQUEST 2 OR FEDRO 2				SD3		5	
2	O	NH	SSSSSSSSSS	SSSSS	SSSSSSSSSS	CL	SSSSSSSSSS	SSSSS	SSSSSSSSSS	
3	L									
4	U	SSI APPEAL:	9	1. CASE REVIEW	2. INFORMAL CONFERENCE	3. FORMAL CONFERENCE				
5	M									
6	N	IF CLAIMANT REQUESTS OPTION 2 OR 3 UNDER SSI RECON, IS INTERPRETER								
7	*	NEEDED (Y/N):	X	IF YES, SPECIFY LANGUAGE:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
8	O	REPRESENTED (Y/N):	X	IF NO, LEGAL REFERRAL LIST TO CL (Y/N):	X					
9	N	ATTORNEY/REP NAME:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX				IF YES, ATTY (Y/N):	X		
10	E	ATTORNEY/REP ADDRESS:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
11			XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
12	R	CITY:	XXXXXXXXXXXXXXXXXXXX		STATE:	XX	ZIP:	99999	PHONE:	999 999 9999
13	E	COUNTRY:	XXXXXXXXXXXXXXXXXXXX		CONSUL CODE:	999				
14	S	FILED BY:	9	1. APPELLANT	2. REP	DATE FILED:	999999			
15	E									
16	R	DETER DATE BEING APPEALED:	999999		TIMELY REQUEST (Y/N):	X				
17	V	IF NO,:	9	1. CLMT'S EXPLANATION	2. OTHER INFORMATION	3. BOTH 1 AND 2 APPLY				
18	E	EXPLANATION:	XX							
19	D		XX							
20			XX							
21			XX							
22		DATE SCREEN BEGUN:	999999							
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
24		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								

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Green	Conditional
Blue	Optional

Ln	0	1	2	3	4	5	6	7	7	8
No	1	23456789012345678901234567890123456789012345678901234567890123456789012345678901234567890123456789	0	0	0	0	0	0	0	0
1	C	MCS		HEARING REQUEST 1				HNG1 SD3		6
2	O	NH SSSSSSSSS	SSSSS SSSSSSSSSS	CL SSSSSSSSS	SSSSS SSSSSSSSSS					
3	L									
4	U	CROSS REFERENCE	SSN: SSSSSSSSS	BIC: SS	SSN: SSSSSSSSS	BIC: SS				
5	M	APPELLANT (IF OTHER THAN CLMT OR REP)	XX							
6	N	ADDRESS:	XX							
7	*		XX							
8	O	CITY:	STATE:	XX	ZIP:	99999	PHONE:	999 999 9999		
9	N	COUNTRY:	CONSUL CODE:	999						
10	E	BIC:	XX	SPOUSE SSN:	999999999			CASE TYPE:	9 1. INITIAL ENT	
11		APPEAL CLAIM TYPE:	9 9							
12	R	1. RSI	RSI	5. SSI BLIND/TITLE II	SSBC					
13	E	2. DISABILITY WORKER OR CHILD	DIWC	6. SSI DISABILITY/TITLE II	SSDC					
14	S	3. DISABILITY WIDOW(ER)	DIWW	7. HEALTH INS ENT	HIE					
15	E	4. SSI AGED/TITLE II	SSAC	8. OTHER						
16	R	HEARING REQUESTED (Y/N):	X							
17	V	REASON HEARING REQUESTED:	XX							
18	E		XX							
19	D		XX							
20			XX							
21		ADDITIONAL EVIDENCE (Y/N/F):	X							
22										
23		***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) *****								
2		***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) *****								
4										

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Blue	Optional



MCS APPEAL DISPOSITION DISP SD38  
NH: SSSSSSSSSS SSSSS SSSSSSSSSSS CL: SSSSSSSSSS SSSSS SSSSSSSSSSS

**DISPOSITION:** 9 1. UNFAVORABLE DENIAL 4. DISMISSAL 7. ABANDON  
2. PARTIALLY FAVORABLE ALLOW 5. WITHDRAWAL  
3. FULLY FAVORABLE ALLOW 6. REMAND

**DISPOSITION DATE:** 999999 **EFFECTUATION DATE:** 999999

**ALJ:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX **ALJ HO:** XXXX

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Yellow	Mandatory
Green	Conditional
Blue	Optional

MCS		APPEAL ESTABLISHMENT				NAPP SM20			
NH NAME: SSSSSSSSSSS S SSSSSSSSSSSSSSSSSSSSSSS		NH SSN: SSSSSSSSSSS							
APPEAL FILE LEVEL: 9		1. RECON		2. HEARING		3. FEDRO REVIEW			
LEV: I INITIAL		DECISION STATUS:							
R	RECON	1	RSHI ALLOW	5	DIB MED DENY	9	RSHI PARTIAL		
H	HEARING	2	RSHI DISAL	6	NON-MED COMP	10	DIB PARTIAL		
O	REOPEN	3	DIB TECH DIS	7	WITH/ABATE	11	DISMISSAL		
F	FEDRO	4	DIB ALLOW	8	DELAY				

  

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

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Yellow	Mandatory
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Note: APPEAL FILE LEVEL is prefilled in update mode  
 SELECT is not an MCS Data element on the MCS pending file