

| Ln | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
|----|---|---|-----------------------------|-----------------------------|---------------|--------------|------------|------------|---|--|
| No | 1 | 23456789012345678901234567890123456789012345678901234567890123456789012345678901234567890 | | | | | | | | |
| 1 | C | MCS | APPEAL DISPOSITION | | | | | DISP SD38 | | |
| 2 | 0 | | | | | | | | | |
| 3 | L | NH: SSSSSSSSS | SSSSS | SSSSSSSSSS | CL: SSSSSSSSS | SSSSS | SSSSSSSSSS | | | |
| 4 | U | SELECT | DISPOSITION: X | | | | | | | |
| 5 | M | | 1=UNFAVORABLE DENIAL | | | 4=DISMISSAL | | 7=ABANDON. | | |
| 6 | N | | 2=PARTIALLY FAVORABLE ALLOW | | | 5=WITHDRAWAL | | | | |
| 7 | * | | 3=FULLY FAVORABLE ALLOW | | | 6=REMAND | | | | |
| 8 | 0 | | | | | | | | | |
| 9 | N | DISPOSITION DATE: XXXXXXXX | | EFFECTUATION DATE: XXXXXXXX | | | | | | |
| 10 | E | | | | | | | | | |
| 11 | | ALJ: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | ALJ HO: XXXX | | | | | |
| 12 | R | | | | | | | | | |
| 13 | E | | | | | | | | | |
| 14 | S | | | | | | | | | |
| 15 | E | | | | | | | | | |
| 16 | R | | | | | | | | | |
| 17 | V | | | | | | | | | |
| 18 | E | | | | | | | | | |
| 19 | D | | | | | | | | | |
| 20 | | | | | | | | | | |
| 21 | | | | | | | | | | |
| 22 | | | | | | | | | | |
| 23 | | | | | | | | | | |
| 24 | | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) ***** | | | | | | | | |

DISP - Appeal Disposition Screen

RCN1 - Reconsideration Review 1

| Ln | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7 | 8 |
|----|---|--|------------|------------|------------|-----------------------------------|------------|------------|-----------|---|
| No | 1 | 234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 1234567890 | 123456789 | 0 |
| 1 | C | MCS RECONSIDERATION REVIEW(RCN1) OR FEDRO REVIEW (FDR1) RCN1 SD3 | | | | | | | 4 | |
| 2 | 0 | NH SSSSSSSSS SSSSS SSSSSSSSSSS CL SSSSSSSSS SSSSS SSSSSSSSSSS | | | | | | | | |
| 3 | L | CROSS REFERENCE SSN: SSSSSSSSS BIC: SS SSN: SSSSSSSSS BIC: SS | | | | | | | | |
| 4 | U | APPELLANT (IF OTHER THAN CLMT OR REP): XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | | | | | | | |
| 5 | M | ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX | | | | | | | | |
| 6 | N | XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXX | | | | | | | | |
| 7 | * | CITY: XXXXXXXXXXXXXXXXXXXX STATE: XX ZIP: 99999 PHONE: 999 999 9999 | | | | | | | | |
| 8 | O | COUNTRY: XXXXXXXXXXXXXXXXXXXX CONSUL CODE: 999 | | | | | | | | |
| 9 | N | FOREIGN POSTAL ZONE: 9999999999999999 | | | | | | | | |
| 10 | E | BIC: XX SPOUSE SSN: 999999999 CASE TYPE: 9 1. INITIAL ENT | | | | | | | | |
| 11 | | EXPLANATION PROVIDED (Y/N): X RECON REQUESTED (Y/N): X | | | | | | | | |
| 12 | R | SELECT 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 XXXXXXXXXXXXXXXXXXXXXXXX. | | | | |
| 17 | V | ISSUE: XX | | | | | | | | |
| 18 | E | REASON REQUESTED: XX | | | | | | | | |
| 19 | D | XXX | | | | | | | | |
| 20 | | XXX | | | | | | | | |
| 21 | | XXX | | | | | | | | |
| 22 | | ADDITIONAL EVIDENCE (Y/N/F): X | | | | | | | | |
| 23 | | ***** (LINE 23 RESERVED FOR APPLICATIONS INFORMATION) ***** | | | | | | | | |
| 24 | | ***** (LINE 24 RESERVED FOR OPERATING SYSTEMS INFORMATION) ***** | | | | | | | | |

