



Office of Hearings Operations  
[Hearing Office Address from HACPS]

Date:

[Claimant Name]  
[Notice Address]

### Notice of Decision –Fully Favorable

I carefully reviewed the facts of your case and made a fully favorable decision on your application(s) for [Claim Type(s)] filed on [Application Date(s)]. I stated the basis for my decision at your hearing held on [Hearing Date]. I adopt the findings of fact and reasons that I gave at the hearing. Please read this notice of decision.

#### [Conditional Language Step 3]

I found you disabled as of [Date of Disability Onset/EOD]. Your impairment or combination of impairments is so severe that it [meets/medically equals/functionally equals] the requirements of one of the impairments listed in the Listing of Impairments.

#### [Conditional Language Step 5]

I found you disabled as of [Date of Disability Onset/EOD] because your impairment or combination of impairments is so severe that you cannot perform any work existing in significant numbers in the national economy.

If you would like more information about my decision, I can provide you with a record of my oral decision. You must ask for this record in writing. You may mail or bring your request to any Social Security or hearing office. Please write the Social Security number associated with this case on any request you make.

#### When Will You Get Paid

Another office will process my decision [Conditional Language if T16 or Both] [and decide if you meet the non-disability requirements for Supplemental Security Income payments]. That office may ask you for more information. You should receive payment within 40 - 60 days of the date of this notice. However, some cases may vary. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

Form HA-82 (07-2024)

#### Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

See Next Page

## If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

## How To File An Appeal

To file an appeal, you [Conditional Language has representative][or your representative] must ask in writing that the Appeals Council review my decision. The preferred method for filing your appeal is by using our secure online process available at <https://www.ssa.gov/benefits/disability/appeal.html>.

You may also use our Request for Review form (HA-520) or write a letter. The form is available at <https://www.ssa.gov/forms/ha-520.html>. Please write the Social Security number associated with this case on any appeal you file. You may call (800) 772-1213 with questions.

Please send your request to:

**Social Security Administration  
Office of Appellate Operations  
6401 Security Blvd  
Baltimore, MD 21235-6401**

## Time Limit To File An Appeal

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

## What Else You May Send Us

You [Conditional Language, has representative][or your representative] may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

## How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, [Conditional Language - for T2 (Part 404 (Subpart J)), T16 (Part 416 (Subpart N)), or Both (Part 404 (Subpart J) and Part 416 (Subpart N))].

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

### **The Appeals Council May Review My Decision On Its Own**

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

### **When There Is No Appeals Council Review**

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

[Conditional Language claimant has NO representative]

### **Your Right To Representation In An Appeal**

If you appeal, you may choose to have an attorney or other person help you. Many representatives do not charge a fee unless you win your appeal. Groups are available to help you find a representative or, if you qualify, to give you free legal services. Your local Social Security office has a list of groups that can help you in this process.

If you get someone to help you with your appeal, you or that person must let the Appeals Council know. If you hire someone, we must approve the fee before he or she is allowed to collect it.

### **If You Have Any Questions**

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this notice and decision when you call.
3. You may also call your local office at [FIELD OFFICE PHONE NUMBER].

[FIELD OFFICE ADDRESS]

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[Adjudicator Full Name]  
Administrative Law Judge

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Date

Enclosures: Conditional for Sharpe, Spanish Notice, Fee agreement

cc: Conditional with rep  
Rep name  
Firm name  
Rep address