|   | P  | EQUEST F   |   |   | ΔΤΙΟΝ   |                      | (Do               | not write in t           | his space)                   |
|---|--|--|---|---|---|----------------------|-------------------|--------------------------|------------------------------|
| IAME OF CLAIMAN   |  | EQUEST   | OK KEC  | NAME OF W   | AGE EARNER OR SEL   | F-EMPLOYED           |                   | not write in t           | nis space)                   |
| Myrtle  | Johnson  |  |   | <b>2</b>  | different from claimant.)   |                      |                   |                          |                              |
| LAIMANT SSN   |  | ANT CLAIM NU   | JMBER   |   | NTAL SECURITY INCO<br>TERANS BENEFITS (S  |                      | 1                 |                          |                              |
| 987_65_4  | 321  |  |   | NUMBER  | <b>9</b>  | 10,02                |                   |                          |                              |
| POUSE'S NAME (C   | Complete ONL   | Y in SSI cases)  |   |   | SOCIAL SECURITY N<br>DNLY in SSI cases)   | IUMBER               |                   |                          |                              |
|   |  |  |   | 6   |   |                      |                   |                          |                              |
| LAIM FOR (Specify   |  | rement, disabilit  | y, hospital/n   | nedical, SSI, S   | SVB, etc.)  |                      |                   |                          |                              |
| disabilit<br>do not agree with  |  | ation made or  | the above   | e claim and re  | equest reconsideratio   | n. My reasons        | are:              |                          |                              |
| The revi  | ewer did   | not consi  | ider my   | doctor  | equest reconsiderations<br>S Statement 1  | thatImet             | the li            | isting ar                | ıd my                        |
| illness is  | 5 degenei  | rative   |   |   |   |                      |                   |                          |                              |
|   | SUPPI EMP  | NTAL SECURI  |   | OR SPECIAL  | L VETERANS BENEFIT  | SRECONSIDER          |                   |                          |                              |
|   | ree ways to appe   | al in the How To /   | Appeal Your S   | upplemental Se  | curity Income (SSI) Or Spe  | cial Veterans Benefi | t (SVB) D         | ecision instructi        |                              |
|   | "I want to app   |  |   |   | upplemental Security I<br>ways to appeal. I've cl   |                      |                   | Veterans Ben             | efits                        |
|   | 9  | Case Rev   | view  | Informal C  | onference F   | ormal Conferen       | ce                |                          |                              |
| EITHE   | ER THE CLA   | MANT OR  | REPRESE   | ENTATIVE  | SHOULD SIGN - E   | NTER ADDRE           | ESSES             | FOR BOT                  | Н                            |
| doclaro undor n   | onalty of nor  | dume that I have   |   |   |   |                      |                   |                          |                              |
| orms, and it is tr  | rue and corre  | ect to the bes   | ve examın<br>t of my kn   | ed all the in<br>owledge.   | formation on this fo  | orm, and on any      | y accor           | npanying st              | atements                     |
| corms, and it is tr   |  | ect to the bes   | ve examin<br>t of my kn   | ed all the in<br>owledge.   | formation on this fo  | ME OF CLAIMAN        | T'S REP           | RESENTATI                | /E                           |
|   | URE  |  | ve examin<br>t of my kn   | ed all the in<br>owledge.   |   |                      | T'S REP           | RESENTATI                | /E                           |
| CLAIMANT SIGNAT   | <sup>TURE</sup><br>Johnson   |  | ve examin<br>t of my kn   | ed all the in<br>owledge.   |   | ME OF CLAIMAN        | T'S REP           | RESENTATI                | /E                           |
| CLAIMANT SIGNAT<br>Myrtle<br>MAILING ADDRESS<br>2300 IIIai  | URE<br>Johnson<br>3<br>rd Way  |  |   | ed all the in<br>owledge.   | SIGNATURE OR NA   |                      | T'S REP           | RESENTATINNEY            | /E                           |
| CLAIMANT SIGNAT<br>Myrtle<br>2300 IIIai<br>CITY<br>Baltimore<br>ELEPHONE NUMB   | URE<br>Johnson<br>Brd Way<br>BER (Include ar   | ,<br>STATE<br>MD   | ZIP (<br>45   | CODE<br>3202<br>E   | MAILING ADDRESS   | ME OF CLAIMAN        | T'S REP<br>ATTOR  | RESENTATINNEY            | /E<br>  ATTORNE<br>CODE<br>_ |
| CLAIMANT SIGNAT<br>Myrtle<br>2300 IIIai<br>CITY<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-   | Ture<br>Johnson<br>rd Way<br>e<br>Ber (Include ar<br>5555  | STATE<br>MD<br>rea code)<br>TO BE C  | ZIP<br>43<br>DAT<br>1/  | 27/12   | MAILING ADDRESS   | ME OF CLAIMAN        | T'S REP<br>ATTOR  |                          | /E<br>  ATTORNE<br>CODE<br>_ |
| CLAIMANT SIGNAT<br>Myttle<br>2300 III<br>2300 III<br>CITY<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI  | TURE<br>Johnson<br>rd Way<br>BER (Include ar<br>5555<br>eterminations  | STATE<br>MD<br>rea code)<br>TO BE C  | ZIP<br>43<br>DAT<br>1/  | 27/12   | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>NL SECURITY ADMII   | ME OF CLAIMAN        | T'S REP<br>ATTOR  |                          | /E<br>  ATTORNE<br>CODE<br>_ |
| CLAIMANT SIGNAT<br>Wytle<br>2300 IIIai<br>CITY<br>Baltimore<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?  | TURE<br>Johnson<br>Rd Way<br>BER (Include ar<br>5555<br>eterminations<br>ETERMINATI  | (STATE<br>MD<br>(Pea code)<br>TO BE CO   | 21P<br>43<br>DAT<br>1/<br>OMPLETE   | 27/12   | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –  | ME OF CLAIMAN        | T'S REP<br>ATTOR  |                          |                              |
| CLAIMANT SIGNAT<br>Myttle<br>2300 III<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?<br>3. IS THIS REQUE  | TURE<br>Johnson<br>and Way<br>ser (Include ar<br>5555<br>eterminations<br>eterminations<br>ETERMINATI<br>EST FILED T<br>claimant's ex  | STATE<br>MD<br>ea code)<br>TO BE Co<br>ION<br>IMELY?<br>planation for co   | ZIP (<br>43<br>DAT<br>1/<br>DMPLETE   | CODE<br>32O2<br>E<br>27/12<br>D by socia<br>□ no  | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>NL SECURITY ADMII   | ME OF CLAIMAN        | T'S REP<br>ATTOR  |                          |                              |
| CLAIMANT SIGNAT<br>Wytle<br>2300 IIIai<br>CITY<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?<br>B. IS THIS REQUE<br>(If "NO", attach<br>information in S   | TURE<br>Johnson<br>and Way<br>BER (Include ar<br>5555<br>eterminations<br>ETERMINATI<br>EST FILED T<br>claimant's ex<br>Social Securit   | STATE<br>MD<br>ea code)<br>TO BE Co<br>ION<br>IMELY?<br>planation for co<br>y office.)   | ZIP (<br>43<br>DAT<br>1/<br>OMPLETE   | 200E<br>3202<br>E<br>27/12<br>D BY SOCIA<br>D BY SOCIA<br>NO  | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>NL SECURITY ADMII<br>2. CLAIMANT INSIS<br>ON FILING   | ME OF CLAIMAN        | T'S REP<br>ATTORI |                          |                              |
| CLAIMANT SIGNAT<br>Wytle<br>2300 IIIai<br>CITY<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?<br>B. IS THIS REQUE<br>(If "NO", attach<br>information in S   | TURE<br>Johnson<br>Rd Way<br>BER (Include ar<br>5555<br>ETERMINATI<br>EST FILED T<br>claimant's ex<br>Social Securit<br>SURVIVORS I  | ,<br>STATE<br>MD<br>ea code)<br>TO BE CO<br>ON<br>IMELY?<br>planation for co<br>y office.)<br>RECONSIDERA  | ZIP (<br>45<br>DAT<br>1/<br>DMPLETE<br>VES<br>Ielay and a   | 27/12<br>D BY SOCIA<br>ttach any pe   | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>AL SECURITY ADMII<br>2. CLAIMANT INSIS<br>ON FILING<br>rtinent letter, materia  | ME OF CLAIMAN        | T'S REP<br>ATTORI | ZIP<br>ZIP<br>DAT<br>YES |                              |
| CLAIMANT SIGNAT<br>Myrtle<br>2300 IIIai<br>CIT<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?<br>BEEN MADE?<br>BEEN MADE?<br>3. IS THIS REQUE<br>(If "NO", attach<br>information in S<br>RETIREMENT AND   | TURE<br>Johnson<br>and Way<br>BER (Include ar<br>5555<br>eterminations<br>ETERMINATI<br>EST FILED T<br>claimant's ex<br>Social Securit<br>SURVIVORS I<br>DEVELOPMI   | STATE<br>MD<br>ea code)<br>TO BE Co<br>ION<br>IMELY?<br>planation for o<br>y office.)<br>RECONSIDERA<br>ENT REQUIR   | ZIP (<br>43<br>DAT<br>1/<br>DMPLETE<br>VES<br>delay and a<br>MITIONS ONL<br>ED (GN (                                | 27/12<br>D BY SOCIA<br>ttach any pe   | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>AL SECURITY ADMII<br>2. CLAIMANT INSIS<br>ON FILING<br>rtinent letter, materia  | ME OF CLAIMAN        | T'S REP<br>ATTORI | ZIP<br>ZIP<br>DAT<br>YES |                              |
| CLAIMANT SIGNAT<br>Wytle 2<br>MAILING ADDRESS<br>2300 IIIai<br>CITY<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?<br>3. IS THIS REQUE<br>(If "NO", attach<br>information in S<br>RETIREMENT AND<br>NO FURTHER  | TURE<br>Johnson<br>and Way<br>BER (Include ar<br>5555<br>ETERMINATI<br>EST FILED T<br>claimant's ex<br>Social Securit<br>SURVIVORS I<br>DEVELOPMEN<br>EVELOPMEN<br>EVELOPMEN   | STATE<br>MD<br>ea code)<br>TO BE Co<br>ION<br>IMELY?<br>planation for o<br>y office.)<br>RECONSIDERA<br>ENT REQUIR<br>T ATTACHED   | ZIP (<br>43<br>DAT<br>1/<br>DMPLETE<br>VES<br>Ielay and a<br>STIONS ONI<br>ED (GN (                                 | CODE<br>3202<br>E<br>27/12<br>D BY SOCIA<br>D BY SOCIA<br>I NO<br>ttach any pe<br>.Y (CHECK O<br>03102.300)                     | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>AL SECURITY ADMII<br>2. CLAIMANT INSIS<br>ON FILING<br>rtinent letter, materia  | ME OF CLAIMAN        | T'S REP<br>ATTORI | ZIP<br>ZIP<br>DAT<br>YES |                              |
| CLAIMANT SIGNAT<br>Wytle<br>2300 [[a]<br>CITY<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?<br>3. IS THIS REQUE<br>(If "NO", attach<br>information in S<br>RETIREMENT AND<br>NO FURTHER<br>REQUIRED DE<br>WITHIN 30 DA   | URE<br>Johnson<br>rd Way<br>BER (Include ar<br>5555<br>eterminations<br>ETERMINATI<br>EST FILED T<br>claimant's ex<br>Social Securit<br>SURVIVORS I<br>DEVELOPMEN<br>EVELOPMEN<br>EVELOPMEN<br>AYS<br>DISAB  | STATE<br>MD<br>ea code)<br>TO BE Co<br>ION<br>IMELY?<br>planation for o<br>y office.)<br>RECONSIDERA<br>ENT REQUIR<br>T ATTACHED   | ZIP (<br>43<br>DAT<br>1/<br>DMPLETE<br>VES<br>Idelay and a<br>STIONS ONI<br>ED (GN (<br>)<br>WILL FOR<br>INATION    | CODE<br>3202<br>27/12<br>D BY SOCIA<br>D BY SOCIA<br>D NO<br>ttach any pe<br>.Y (CHECK O<br>03102.300)<br>WARD OR A             | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>AL SECURITY ADMII<br>2. CLAIMANT INSIS<br>ON FILING<br>rtinent letter, materia  | ME OF CLAIMAN        |                   |                          |                              |
| CLAIMANT SIGNAT<br>Wytle 2<br>MAILING ADDRESS<br>2300 IIIai<br>CITY Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?<br>BEEN MADE?<br>BEEN MADE?<br>BEEN MADE?<br>I. STHIS REQUE<br>(If "NO", attach<br>information in S<br>RETIREMENT AND<br>NO FURTHER<br>REQUIRED DE<br>REQUIRED DE | TURE<br>Johnson<br>rd Way<br>BER (Include ar<br>5555<br>ETERMINATI<br>EST FILED T<br>claimant's ex<br>Social Securit<br>SURVIVORS I<br>DEVELOPMEN<br>EVELOPMEN<br>EVELOPMEN<br>EVELOPMEN<br>SERVI<br>DISAB<br>SERVI<br>DISAB                                     | STATE<br>MD<br>Bea code)<br>TO BE CO<br>TO TO TO TO<br>TO TO TO<br>TO BE CO<br>TO TO TO<br>TO TO TO<br>TO TO<br>TO TO TO<br>TO TO<br>TO TO<br>TO TO<br>TO TO<br>TO TO<br>TO TO<br>TO TO<br>TO TO<br>TO TO<br>TO<br>TO TO<br>TO<br>TO TO<br>TO<br>TO<br>TO<br>TO<br>TO<br>TO<br>TO<br>TO<br>TO<br>TO<br>TO<br>TO<br>T | ZIP (<br>43)<br>DAT<br>1/<br>DMPLETE<br>VES<br>felay and a<br>stions one<br>ED (GN (<br>WILL FOR<br>WILL FOR        | CODE<br>3202<br>E<br>27/12<br>D BY SOCIA<br>D BY SOCIA<br>NO<br>ttach any pe<br>.Y (CHECK O<br>03102.300)<br>WARD OR A<br>F<br> | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>AL SECURITY ADMII<br>2. CLAIMANT INSIS<br>ON FILING<br>rtinent letter, materia<br>NE) REFER TO (GN 03<br>ADVISE STATUS<br>PROGRAM SERVICE C<br>DIO, BALTIMORE | ME OF CLAIMAN        |                   |                          |                              |
| AAILING ADDRESS<br>2300    al<br>CITY<br>Baltimore<br>ELEPHONE NUMB<br>(555) 555-<br>See list of initial de<br>I. HAS INITIAL DI<br>BEEN MADE?<br>3. IS THIS REQUE<br>(If "NO", attach<br>information in S<br>RETIREMENT AND<br>NO FURTHER<br>REQUIRED DE<br>WITHIN 30 DA<br>ROUTING<br>NSTRUCTIONS<br>CHECK ONE)                           | TURE<br>Johnson<br>Srd Way<br>SER (Include ar<br>5555<br>Eterminations<br>ETERMINATI<br>EST FILED T<br>claimant's ex<br>Social Securit<br>SURVIVORS I<br>DEVELOPMEN<br>EVELOPMEN<br>EVELOPMEN<br>EVELOPMEN<br>SERVI<br>DISAB<br>SERVI<br>DISAB<br>SERVI<br>DISAB | STATE<br>MD<br>ea code)<br>TO BE Co<br>ON<br>IMELY?<br>planation for co<br>y office.)<br>RECONSIDERA<br>ENT REQUIR<br>T ATTACHED<br>T PENDING, 1<br>ILITY DETERM<br>CES (ROUTE V<br>ILITY FOLDER)<br>ALTIMORE  | ZIP (<br>45<br>DAT<br>1/<br>DMPLETE<br>VES<br>delay and a<br>STIONS ONI<br>ED (GN (<br>WILL FOR<br>WILL FOR<br>WITH | CODE<br>3202<br>27/12<br>D BY SOCIA<br>D BY SOCIA<br>NO<br>ttach any pe<br>.Y (CHECK O<br>03102.300)<br>WARD OR A               | SIGNATURE OR NA<br>MAILING ADDRESS<br>CITY<br>TELEPHONE NUMBE<br>( ) –<br>NL SECURITY ADMII<br>2. CLAIMANT INSIS<br>ON FILING<br>rtinent letter, materia<br>NE) REFER TO (GN 03<br>ADVISE STATUS  | ME OF CLAIMAN        |                   |                          |                              |

For a lawyer's assistance in filling out these forms, use our disability attorney locator tool. Excerpted from Nolo's Guide to Social Security Disability, by David Morton, M.D.