



Filing a Social Security Appeal

What Forms Do You Need? (01/08)

Use this checklist to ensure that you have completed all necessary forms for a Reconsideration or Request for Hearing Before Administrative Law Judge.

Applicant's Name: _____ Applicant's SSN: _____

1) First Level of Appeal - Reconsideration

Submit Online

iAppeal at www.socialsecurity.gov/disability/appeal

Submit on paper to local Social Security office AT ONE TIME.

SSA-827* medical release - Only one is necessary, but it must be signed, dated and witnessed. (May use fillable SSA-827 or Internet version generated with I3341. Both sides of form must be printed and submitted.)

SSA-1696* - Appointment of Representative (*if not already on file*)

Any new medical evidence**

Disability Partnership Flag

2) Second Level of Appeal - Hearing Request

Submit Online

iAppeal at www.socialsecurity.gov/disability/appeal

Submit on paper to local Social Security office AT ONE TIME.

SSA-827* medical release - Only one is necessary, but it must be signed, dated and witnessed. (May use fillable SSA-827 or Internet version generated with I3341. Both sides of form must be printed and submitted.)

SSA-1696* - Appointment of Representative (*if not already on file*)

Any new medical evidence**

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*Downloadable version at www.socialsecurity.gov/online.

**If you obtain new medical evidence after initial claim or reconsideration is filed, please call the Disability Determination Service at 1-800-282-4550 for the name of the adjudicator and faxing instructions. If you obtain new medical evidence for a pending hearing request, call the Cincinnati Office of Disability Adjudication & Review at 513-361-0250 for instructions.