Refer To:

\*\*[SSN]\*\*

**SOCIAL SECURITY ADMINISTRATION**

Social Security Administration

Office of Hearings Operations

Special Review Cadre

5107 Leesburg Pike

Falls Church, VA 22041

Tel: (844) 698-1703 (3 digit #)

Fax: (833) 516-0392

Date:



\*\*[First Name Last Name

Address

City, ST Zip Code]\*\*

Dear Claimant’s Name:

The above referenced file is now ready for review. A CD is enclosed containing a list of Exhibits for your file.

Further processing of this case requires the following actions on your part:

To examine the file, please follow the encryption instructions to view your CD. These instructions are enclosed.

It is your responsibility to provide medical evidence showing that you have an impairment(s) and how severe it is during the time you allege disability. In order to expedite processing of this claim, you should, at one time, submit the following information:

 a. All medical records from XXXXX to XXXX including evidence obtained from the Receivers that was previously associated with your file in the office of your former representative, Eric C. Conn.

 b. Complete the following forms following these instructions: (Recent Medical Treatment, Medications and Work Background questionnaires, and signed Authorization to Release Information (enclosed).)

1. Recent Medical Treatment: Please only list medical treatment relevant to the time period listed in paragraph 1.
2. Medications: Please only list medications you were prescribed relevant for the time period in paragraph 1.
3. Work Background: Please list all your employment for the time period listed in paragraph 1.
4. Authorization to Release Information: Please fully complete this form and return it to our office. Without this release, we will be unable to assist you in obtaining any necessary records.

As soon as you submit these documents, we will review your case to determine if we can make a fully favorable decision without holding a hearing. If we cannot make a decision on the record, we will notify you when your hearing is scheduled. Therefore, it is to your advantage to submit your evidence as soon as possible.

If you have any questions, please contact the number listed above.

Sincerely,

XXXXX

Enclosures:

HA-4631 (Claimant’s Recent Medical Treatment)

HA-4632 (Claimant’s Medications)

HA-4633 (Claimant’s Work Background)

SSA-827 (Authorization to Disclose Information to the Social Security Administration (SSA))