

Social Security Case Questionnaire

(Privacy Act Release must be obtained in all cases)

Name: _____

Address: _____

Phone Number:(_____)_____

Social Security Number: _____ - _____ - _____

Name of the claimant if other than individual
above: _____

Address of claimant if other than
above: _____

Type of Case: _____ Social Security Disability Case

- _____ SSI Claim
- _____ Social Security Disability and SSI Claims
- _____ Social Security Overpayment Case
- _____ Widow's Disability Claim
- _____ Other (specify)_____

Status of Case:

- _____ 1st Application (Initial Claim)
- _____ 1st Appeal (Request for Reconsideration)
- _____ 2nd Appeal (Request for a Hearing)
- _____ 3rd Appeal (Request for Review by the Appeals Council)
- _____ 4th Appeal (Request for Judicial Review/ District Court)

*** Note: at the 4th Appeal the Senator cannot intervene. It is out of the Social Security Administration and becomes a judicial matter. She cannot get involved with court cases.

Description of Case: _____

*****Note: Please be certain you print a Privacy Act form, complete, sign, and return it to the state office nearest you. A map is available to help you make that determination, along with the addresses of each state office.**