

Social Security Benefits Appeal Worksheet

Personal Information

Full Name: _____

Social Security Number (Last 4 digits): _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Appeal Information

Type of Appeal:

- Reconsideration
- Hearing by an Administrative Law Judge
- Appeals Council Review
- Federal Court Review

Date of Original SSA Decision: _____

Date Appeal Submitted (or to be submitted): _____

Reason for Appeal:

- Denied Benefits
- Benefit Amount Too Low
- Incorrect Payment Dates
- Overpayment Dispute
- Other: _____

Supporting Documents Checklist

- Copy of Denial or SSA Notice Letter
- Medical Records (if disability-related)
- Proof of Income or Work History
- Benefit Payment History
- Written Statement or Appeal Letter
- Legal Representative Authorization (if any)
- Other: _____