



## Social Security Application and Appeal Process

| Level of Appeal/Time  | How/Where   | Forms Needed   |
|---|---|--|
| <b>Initial Application</b><br>(any time not actually working)<br>Disability Determination Section (DDS) of State<br>Or Payment Center for non-disability issues                               | Any SSA office,<br>1-800-772 -1213 or<br><b>ssa.gov</b>   | Initial Application form,<br>Disability Report (3441), Medical Release (827)<br>For SSI benefits-<br><b>In SSA office only</b> |
| <b>Reconsideration</b><br>(within 60 days of denial)<br>Disability Determination Section (DDS) of State<br>See 20 CFR 404.911 for “Good Cause”<br>Or Payment Center for non-disability issues | Any SSA office,<br>1-800-772 -1213 or<br><b>*ssa.gov</b><br>*mandatory for representatives to receive fee through SSA<br>20 CFR 404.909 | HA-561-U2, 3441, 827, 1696, 1695, Fee Agreement  |
| <b>Hearing</b><br>(within 60 days of denial)<br>ODAR/SSA<br>See 20 CFR 404.911 for “Good Cause”   | Any SSA office,<br>1-800-772 -1213 or<br><b>*ssa.gov</b><br>*mandatory for representatives to receive fee through SSA<br>20 CFR 404.933 | HA-501-U5, 3441, 827, 1696, 1695, Fee Agreement  |
| <b>Appeals Council</b><br>(within 60 days of denial)<br>AC/SSA<br>See 20 CFR 404.911 for “Good Cause”   | Any SSA office,<br>1-800-772 -1213 or<br><b>ssa.gov</b><br>20 CFR 404.968   | HA-520-U5, 1696, 1695, Fee Agreement   |
| <b>United States District Court</b><br>(within 60 days of denial)   | CM/ECF for District in which claimant lives (PACER)   | Complaint, Civil Action Cover Sheet JS-44, Summons AO 440 (US Atty, Atty General of the US, Commissioner of SSA) AO240         |
| <b>Circuit Court of Appeals/Supreme Court of the United States</b>  |   | -  |

Social Security grants an additional 5 days to account for delivery of mail, but the 60 days does include weekends and holidays. The time period may be extended for “Good Cause”