

How to Prepare for a Hearing



If you've been denied Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), it's critical that you work with your legal team for your appeal in order to best prepare for your hearing.

It will take **understanding, teamwork, dedication, and communication** in preparing for a successful hearing.

Once you learn the process, you can lead your team to a win. Where do you start?



Understand Your Denial

There are several grounds on which a claim can be denied. For medical reasons, you'll need to provide additional medical information on your appeal to build your case before your hearing. This could include doctor opinions. You'll need to complete the following three forms:

the request for reconsideration

Form SSA-561

Form SSA-561-LEZ (06-2019) UF (06-2019) Page 1 of 4
 Destroy Prior Editions Social Security Administration OMB No. 0960-0822

REQUEST FOR RECONSIDERATION

NAME OF CLAIMANT: CLAIMANT SSN: CLAIM NUMBER: (if different than SSN)

ISSUE BEING APPEALED: (Specify if retirement, disability, hospital or medical, SSI, SVR, overpayment, etc.)

I do not agree with the Social Security Administration's (SSA) determination and request reconsideration. My reasons are:

SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) RECONSIDERATION ONLY

I want to appeal your determination about my claim for SSI or SVB. There are three ways to appeal. I have checked the box below:

CASE REVIEW: You can pick this kind of appeal in all cases. You can give us more facts to add to your file. Then we will decide your case again. You do not meet with the person who decides your case.

INFORMAL CONFERENCE: You can pick this kind of appeal in all SSI cases except for medical issues. In SSI cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment. You will meet with a person who will decide your case. You can tell them why you think you are right. You can give us more facts to help prove you are right.

FORMAL CONFERENCE: You can pick this kind of appeal only if we are stopping or lowering your SSI or SVB payment. This meeting is like an informal conference, but we can also get people to come in and help prove you are right. You can do this even if they do not want to help you. You can question these people at your meeting.

CONTACT INFORMATION

CLAIMANT SIGNATURE - OPTIONAL: NAME OF CLAIMANT'S REPRESENTATIVE: (if any)

MAILING ADDRESS: MAILING ADDRESS:

CITY: STATE: ZIP CODE: CITY: STATE: ZIP CODE:

TELEPHONE NUMBER: DATE: TELEPHONE NUMBER: DATE:

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

1. HAS INITIAL DETERMINATION BEEN MADE? Yes No

2. IS THIS REQUEST FILED TIMELY? Yes No

(If "NO," attach claimant's explanation for delay. Attach on OR 0102 or 0103.)

SOCIAL SECURITY OFFICE ADDRESS AND DATE APPEAL RECEIVED: SSI CASES ONLY - GOLDBERG KELLY (GK) (FORMS OR ABOVE STATUS WITHIN 30 DAYS)

WITHIN 10 DAYS AFTER RECEIVING THE ADVANCE NOTICE:

AFTER THE 10-DAY PERIOD AND GOOD CAUSE EXISTS FOR EXTENDING THE TIME LIMIT

PAYMENT CONTINUATION APPLIES AND INPUT RECEIVED BY 30 DAYS

NOTE: Take or mail the completed original to your local Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post and keep a copy for your records. Claims Folder

the Disability Report, Appeal

Form SSA-3441

Form SSA-3441-BK (03-2019) UF Page 1 of 10
 Destroy Prior Editions Social Security Administration OMB No. 0960-0444

DISABILITY REPORT - APPEAL SSA-3441-BK

PLEASE READ THIS INFORMATION BEFORE COMPLETING THIS REPORT

This report is used to update your information for your disability appeal. Completing this report accurately helps us process your claim. Please complete as much of this report as you can.

IF YOU NEED HELP

Please do not ask your health care provider to complete this report. You can get help from other people, such as a friend or family member. If you cannot complete this report, a Social Security representative can assist you. If you make an appointment with us, please complete as much of this report as you can and have it with you for your appointment.

HOW TO COMPLETE THIS REPORT

If you have Internet access, you may be able to complete this report online at www.ssa.gov/disability/appeal

If you complete this report on paper:

- Print or type clearly.
- Include a ZIP or postal code with each address.
- Provide complete phone numbers, including area code. If a phone number is outside the United States, also provide International Direct Dialing (IDD) code and country code.
- If you cannot remember the names and addresses of your health care providers, you may be able to get that information from the telephone book, internet, medical bills, prescriptions, or prescription medicine containers.

ANSWER EVERY QUESTION, unless this report indicates otherwise. You can write "don't know," or "none," or "does not apply" if you need to.

If you need more space to answer any question, please use the REMARKS section on the last page, SECTION 1C. Include the number of the question you are answering.

YOUR MEDICAL RECORDS

If you have any medical records that you have not given to us, send or bring them to our office with this completed report. Please tell us if you want us to return them to you. If you are having an interview in our office, bring your medical records, your prescription medicine containers (if available), and this completed report with you.

YOU DO NOT NEED TO ASK DOCTORS OR HOSPITALS FOR ANY MEDICAL RECORDS THAT YOU DO NOT ALREADY HAVE. With your permission, we will request your records. The information that you give us on this report tells us where to request your medical and other records.

HOW TO SUBMIT THIS REPORT

Send or bring this completed report to your local Social Security office. If you have Internet access, you can locate your nearest Social Security office by zip code at www.socialsecurity.gov/locator. Our offices are also listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0776).

the Authorization to Disclose

Form SSA-827

Form Approved OMB No. 0960-0253

NAME (Print, Middle Last, Suffix): SSN: (Print) (XXXX-XX-XXXX)

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW

I voluntarily authorize and request disclosure (including paper, oral, and electronic disclosures) OF WHAT: All my medical records, also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s)
 - Psychological, emotional, or other mental impairment(s) (includes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, substance, or other substance use records
 - Records which may indicate the presence of a communicable or noncommunicable disease, and tests for or records of HIV/AIDS
 - Genetic test information (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, personal assessments, psychological and speech evaluations, and any other records that can help evaluate function, size, behavior, observations and evaluations.

Information covered herein is to remain after the date this authorization is signed, as well as past information.

FROM WHOM:

- All medical services (hospitals, clinics, labs, physicians, therapists, etc.) including residential, mental, residential, residential, and in-home care services
- All educational courses (schools, teachers, records management, records, etc.)
- Social workers/mediation coordinators
- Counseling resources used by SSA
- Employers, medical professionals, insurance organizations, programs, and providers
- Others with my file about me (my condition, family members, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/ODS (as needed): Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed.

TO WHOM: The Social Security Administration and to the State agency authorized to process my case (locally called "disability determination services"), including contract case services, and doctor or other professionals consulted during the process (for identified cases, to the U.S. Department of State Foreign Service Post).

PURPOSE: Determining my eligibility for benefits, including testing at the control office of any requirements that do not require medical or other SSA's collection of disability, and control case management benefits.

EXPIRES WHEN: This authorization is good for 12 months from the date signed (unless my signature:

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above;
- I understand that there are some circumstances in which this information may be redacted (for other parties (see page 2) for details);
- I may write to SSA and my reasons to revoke this authorization at any time (see page 2) for details);
- There will not be any copies of this form (if I do not) made for the source of the information or any copies of material to be disclosed;
- I have had both pages of this form and agree to the disclosures above that this type of disclosure is:

PLEASE SIGN USING BLUE OR BLACK INK ONLY (if not signed by subject of disclosure, specify basis for authority to sign individual, authorizing disclosure)

Parent of minor Guardian Other personal representative (include)

State (Print) (Two letter code) City State ZIP

Signature (Print) (Last, First, Middle Initial) Social Security Number (Print) (XXXX-XX-XXXX)

WITNESS: I know the person signing this form or am satisfied of that person's identity.

SSN: (Print) (XXXX-XX-XXXX) State (Print) (Two letter code) City State ZIP

Signature (Print) (Last, First, Middle Initial) Social Security Number (Print) (XXXX-XX-XXXX)

This general and special authorization to disclose was developed in conformity with the provisions regarding disclosure of medical, educational, and other information in 45 CFR 164.501, 20 U.S.C. Code section 12202 (FERPA), 42 CFR parts 89 and 102 and State law. Form SSA-827 (11-2012) (11-2012) (Rev. 4-2009) (Last Edition) (US) Supply is Unlimited Page 1 of 2

In those cases, you'll need to provide additional information for your appeal but will still need to fill out the request for reconsideration, Form SSA-561.

Once you've retained your attorney and filed your appeal, keep in mind that there are many more steps to complete to get you to a hearing. Most importantly, don't be discouraged—most people are denied at the first two levels of review (the initial and reconsideration levels). This is based strictly on objective, public available data. Keep in mind, there will usually be more paperwork at each step of the process, another reason to have representation help at each level of review.

NOTE: If you file online, you are technically filling out the SSA-561 and SSA-3441 at once.

If you're denied for non-medical reasons, it could be because:

- You did not work long enough to receive disability benefits.
- You disagree that you received an overpayment that the SSA says you received.
- You did not qualify to receive benefits under your spouse or family member.

Understand the Levels of Appeal

If you were denied SSDI or SSI, you may request an appeal. Generally, you have 60 days after you receive the notice of our decision to ask for any type of appeal. There are four levels of appeal:

- Reconsideration
- Hearing by an administrative law judge
- Review by the Appeals Council
- Federal Court review



Preparing takes Teamwork

Abraham Lincoln famously said, “Give me six hours to cut down a tree and I will spend the first four sharpening the axe.” You want to know well ahead of your hearing the strategy your attorney will navigate on your behalf. When you’re working with your legal team to prepare for your hearing, keep this in mind. Everything you do to prepare for the next step is crucial.



Administrative work can feel tedious as a claimant, but teamwork and attention to detail are the most critical parts of your case at this point. The first thing you and your legal team will do once you request review of a denial will be to review

the file with dedication. If denied at Reconsideration, In preparing for the hearing, your attorney will need to make sure that your old records are correct and complete. If anything is missing, now is the time to track down replacement

documents. Your attorney can work on your behalf, but your attorney and their staff rely on you to provide them the names of your medical providers, so they can gather those records.

Your new documents must also be correct and complete. Your attorney will hopefully seek out opinion statements from your doctors to make sure you have everything you need.

TIP: Once your hearing notice arrives, you typically have a 75-day window to prepare. Hopefully, your legal team is in the home stretch at this point in developing your file.

Communicate with Your Legal Team

It's critical at this point that you alert your attorney of any and all changes in your contact information. Have you been hospitalized? Changed or new doctor? Has your cell phone number changed? Have you moved to a new physical address? These are details that your attorney needs to know, and you or authorized loved-ones are the people that can provide those updates to your attorney's office.

Any changes in your medical condition since your initial or reconsideration level will be vital evidence for your hearing. Make sure you've communicated with your legal team.



Dedicate Yourself to the Process

At this point, you and your legal team will create a game plan and a map for success. Will your hearing be in person or via Video Teleconferencing (VTC)? You'll need a dedicated plan in order to prepare. Most attorneys would prefer a face-to-face hearing over a VTC. If you'd like to object to a VTC hearing, you typically have 30 days to submit your objection from the date you receive certain paperwork regarding your rights. Whether in person or by VTC, the next step is to meet with your attorney for your pre-hearing conference. Again, updates and changes are important and should be communicated to each other.



What is a Pre-Hearing Conference?

In your pre-hearing conference, your attorney will explain the laws, issues, and regulations to you. Most importantly, they will explain and answer your questions about what you can expect from the hearing process. It's normal to feel nervous and scared at this point. After all, a hearing is something you've probably never been involved in before. Keep in mind that your attorney, on the other hand, often attends three or four hearings a day. The point is, you want an attorney that will calmly listen to you, and allow you to bring out and tell your side of the story to the judge.



That's why all along the way, your attorney should keep you in the loop, answer your questions, and help explain the process to you.

functionally affect you on a day-to-day basis. This involves your medical records + your testimony.

After your pre-hearing conference with your attorney, they'll continue to study your file vigorously. They'll handle the organization and compilation of your paperwork and

documents. At this point, you are teammates. Whatever you can do to help your attorney administratively helps you as well. You and your attorney are a team. Your attorney takes great

responsibility to help you at this point, and you should see them as your partner, with you both sitting on the same side of the table.

The Hearing

When the day of your hearing arrives, it's normal to feel nervous. Prepare the night before so that you know what you're wearing, how you're getting to your hearing, and who is available to help you, should you need it. You'll need to arrive at least one hour before your scheduled hearing time to meet with your attorney. You will arrive at the lobby and be checked in by security.

You will hopefully be able to meet with your attorney one more time at the hearing office. Once in front of the judge, be aware that as your advocate, your attorney will present your case. The judge will ask questions. Your attorney will ask questions. A vocational expert may provide testimony as to work ability in the economy. There is no jury or gallery — it will just be a few people with necessary roles. Trust your attorney to present your case in a compelling way. After all, their goal is the same as yours — to win the benefits that you deserve. Trust yourself to tell your side of the story. As in baseball, don't try to hit a home run on every swing. Be yourself.

Dos of Seeking a Disability Lawyer:

- Reach out to an attorney sooner rather than later. However, if you're facing a hearing and are not yet represented, contact an attorney immediately. It's not too late!
- Prepare all your documents and medical records.
- Communicate all details of your case with your attorney in your pre-hearing conference, even if you think they're not important.
- Create a summary of your case and the details of your denial so that you can clearly explain the details to your disability lawyer.
- Continue to focus on your health and well-being.
- Trust that your attorney has your best interests in mind.

Don'ts of Seeking a Disability Lawyer:

- Don't procrastinate.
- Don't get overwhelmed — we can help.
- Don't assume you can't afford an attorney. Most do not get paid unless you win.
- Don't accept the denial of your claim — the majority of claims are denied.
- Don't assume you can do this on your own. It takes teamwork.



At Affleck and Gordon, we've been serving injured and disabled Georgians for over 40 years. We specialize in disability, workers' compensation, and Veterans Administration disability claims. Since we're local, experienced, and are specialists when it comes to Social Security disability, we're the right law firm to help you navigate the process of receiving the benefits that you deserve. We've been helping people in Georgia just like you for over 40 years. Sign up for a [free case evaluation here](#), or call us **(404) 373-1649**.

