

PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION

IMPORTANT INFORMATION ON REVERSE SIDE

I request approval to charge a fee of _____ Fee\$ (Show the dollar amount)

for services performed as the representative of _____

My Services Began: _____ / _____ / _____
Month Day Year

My Services Ended: _____ / _____ / _____

Type(s) of claim(s)

Enter the name and the Social Security number of the person on whose Social Security record the claim is based. _____ / ____ / _____

1. Itemize on a separate page or pages the services you rendered before the Social Security Administration (SSA). List each meeting, conference, item of correspondence, telephone call, and other activity in which you engaged, such as research, preparation of a brief, attendance at a hearing, travel, etc., related to your services as representative in this case. Attach to this petition the list showing the dates, the descriptions of each service, the actual time spent in each, and the total hours.

2. Have you and your client entered into a fee agreement for services before SSA? [] YES [] NO
If "yes," please specify the amount on which you agreed, and attach a copy of the agreement to this petition. \$ _____ and [] See attached

3. (a) Have you received, or do you expect to receive, any payment toward your fee from any source other than from funds which SSA may be withholding for fee payment? [] YES [] NO
(b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee? [] YES [] NO
If "yes" to either or both of the above, please specify the source(s) and the amount(s).
Source: _____ \$ _____
Source: _____ \$ _____

Note: If you receive payment(s) after submitting this petition, but before the SSA approves a fee, you have an affirmative duty to notify the SSA office to which you are sending this petition.

4. Have you received, or do you expect to receive, reimbursement for expenses you incurred? [] YES [] NO
If "yes," please itemize your expenses and the amounts on a separate page.

5. Did you render any services relating to this matter before any State or Federal court? [] YES [] NO
If "yes," what fee did you or will you charge for services in connection with the court proceedings? Please attach a copy of the court order if the court has approved a fee. \$ _____

6. Have you been disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney? [] YES [] NO

7. Have you been disqualified from participating in or appearing before a Federal program or agency? [] YES [] NO

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature of Representative Date Address (include Zip Code)

Firm with which associated, if any Telephone No. and Area Code

[Note: The following is optional. However, SSA can consider your fee petition more promptly if your client knows and already agrees with the amount you are requesting.]

I understand that I do not have to sign this petition or request. It is my right to disagree with the amount of the fee requested or any information given, and to ask more questions about the information given in this request (as explained on the reverse side of this form). I have marked my choice below.

[] I agree with the \$ _____ fee which my representative is asking to charge and collect. By signing this request, I am not giving up my right to disagree later with the total fee amount the Social Security Administration authorizes my representative to charge and collect.

OR

[] I do not agree with the requested fee or other information given here, or I need more time. I understand I must call, visit, or write to SSA within 20 days if I have questions or if I disagree with the fee requested or any information shown (as explained on the reverse sides of this form).

Signature of Claimant Date

Address (include Zip Code) Telephone No. and Area Code