

**ALJ Bench Decision Checksheet — Print Version**

Claimant Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Application Date: \_\_\_\_\_

Title: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Date Last Insured: \_\_\_\_\_ Date First Insured: \_\_\_\_\_

Established Onset Date: \_\_\_\_\_

Prior Application     Reopened     Not Reopened

Prior Application Date(s): T2 \_\_\_\_\_ SSI \_\_\_\_\_

Date of Initial Determination: T2 \_\_\_\_\_ SSI \_\_\_\_\_

Reason for Reopening:  Within one year     Grounds for reopening at any time \_\_\_\_\_  
 Good cause/new and material evidence (within 2 or 4 years)

Work After Onset

UWA

TWP [See 20 C.F.R. §§ 404.1592(d)(2)(iii) and (iv).]

Not SGA

Severe Impairment(s) (singly or in combination):  
\_\_\_\_\_  
\_\_\_\_\_

Impairment(s) MEET Listing: # \_\_\_\_\_

Impairment(s) EQUAL Listing: # \_\_\_\_\_ ME Testimony/Interrogatories

Mental Impairment Analysis:

Restriction of Activities of Daily Living     None  Mild  Moderate  Marked  Extreme

Difficulties Maintaining Social Functioning     None  Mild  Moderate  Marked  Extreme

Difficulties Maintaining Concentration-Pace     None  Mild  Moderate  Marked  Extreme

Episodes of Decompensation     None  One or two  Three  Four or More

Part C Limit'ns (2 yrs med. hist. & more than minimal limitation) (12.02, 12.03, 12.04)  Yes  No

Residual disease process with marginal adjustment so that minimal changes cause decompensation

Current history 1+years in highly supportive living arrangement with continuing need for same

Repeated episodes of decompensation, each of extended duration

12.06: Specify limitations: \_\_\_\_\_

Residual Functional Capacity:  Sedentary  Light  Medium  Heavy

*EXERTIONAL LIMITATIONS:*

Lift/carry \_\_\_\_\_

Sit \_\_\_\_\_

Stand/walk \_\_\_\_\_

Push/pull \_\_\_\_\_

*NONEXERTIONAL LIMITATIONS:*

Mental — Describe below     Manipulative \_\_\_\_\_

Postural \_\_\_\_\_     Communicative \_\_\_\_\_

Environmental \_\_\_\_\_     Auditory/Visual \_\_\_\_\_

Description: \_\_\_\_\_

Past Relevant Work:  Unskilled  No transferable skills  Transferable Skills Not Material

Medical-Vocational Rule # \_\_\_\_\_ Directs

Medical-Vocational Rule # \_\_\_\_\_ Framework     VE Testimony = No Jobs

Social Security Ruling # \_\_\_\_\_

Rationale for Decision (Include assessment of credibility and medical source opinion):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommend Representative Payee

Medical reexamination in \_\_\_\_\_ year(s)

Evidence of Workers Compensation Claim/Payment

Fee Agreement Approved. Representative Name: \_\_\_\_\_

Fee Agreement Denied. Reason: \_\_\_\_\_

ALJ: \_\_\_\_\_ DATE: \_\_\_\_\_



SOCIAL SECURITY ADMINISTRATION

Refer to: \_\_\_\_\_

Office of Hearings and Appeals

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **NOTICE OF DECISION — FULLY FAVORABLE**

I have made a fully favorable decision in your case. My decision is based on your \_\_\_\_\_ application if concurrent filed on \_\_\_\_\_. The component responsible for processing my decision must decide that you meet the non-medical requirements for Supplemental Security Income payments.

I announced the basis for my decision at the hearing held on \_\_\_\_\_. I adopt here those findings of fact and reasons.

To summarize briefly, I found you disabled on \_\_\_\_\_, because of \_\_\_\_\_ so severe that \_\_\_\_\_.

If you want more information about my decision, you should file a written request for this information at any local Social Security office or a hearing office. Please include the Social Security number shown above on your request. If you ask for it, we will provide you with a record of my oral decision at the hearing.

If you want more information about my decision, you or your representative should file a written request for this information at any local Social Security office or a hearing office. Please include the Social Security number shown above on your request. If you ask for it, we will provide you with a record of my oral decision at the hearing.

#### **This Decision Is Fully Favorable To You**

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another office may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

#### **The Appeals Council May Review The Decision On Its Own**

The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days

from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

### **If You Disagree With The Decision**

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

### **How To File An Appeal**

To file an appeal you or your representative must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Hearings and Appeals, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

### **Time To File An Appeal**

To file an appeal, you must file your request for review within 60 days from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

### **Time To Submit New Evidence**

You should submit any new evidence you wish to the Appeals Council to consider with your request for review.

### **How An Appeal Works**

Our regulations state the rules the Appeals Council applies to decide when and how to review a case. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J) and Part 416 (Subpart N).

If you file an appeal, the Council will consider all of my decision, even the parts with which you agree. The Council may review your case for any reason. It will review your case if one of the reasons for review listed in our regulations exists. Section 404.970 and 416.1470 of the regulation list these reasons.

Requesting review places the entire record of your case before the Council. Review can make any part of my decision more or less favorable or unfavorable to you.

On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.

### **If No Appeal And No Appeals Council Review**

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.

**If You Have Any Questions**

If you have any questions, you may call, write or visit any Social Security office. If you visit an office, please bring this notice and decision with you. The telephone number of the local office that serves your area is \_\_\_\_\_. Its address is \_\_\_\_\_.

\_\_\_\_\_  
Administrative Law Judge

cc: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_