

Date: [Insert Date]

Social Security Administration

[Insert Local Office Address]

[Insert City, State, Zip Code]

RE: Notice of Appointment of Representative

Claimant Name: [Insert Claimant Name]

Claimant Social Security Number: [Insert SSN]

Claim Number: [Insert Claim Number if different from SSN]

To Whom It May Concern:

Please be advised that I have been retained to represent the above-named claimant in their application for Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) benefits. This representation covers all matters currently pending before the Social Security Administration, including any appeals or hearings.

Enclosed with this letter, please find the following executed documents:

- Form SSA-1696 (Appointment of Representative)
- Form SSA-827 (Authorization to Disclose Information to the SSA)
- [Optional: Form SSA-1695 or Fee Agreement]

Please direct all future correspondence, notices, and copies of decisions regarding this claim to my office at the address listed below. If there are any scheduled hearings or pending requests for information, please notify me immediately so that I may assist the claimant in a timely manner.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Law Firm Name]

[Your Address]

[Your Phone Number]

[Your Email Address]