

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

Social Security Administration

[Local Office Address]

[City, State, Zip Code]

RE: Notice of Representation

Claimant Name: [Claimant Full Name]

Claimant SSN: [Claimant Social Security Number]

Matter: Supplemental Security Income (SSI)

To Whom It May Concern:

Please be advised that I represent [Claimant Name] in regarding their claim for Supplemental Security Income (SSI) benefits.

Enclosed please find Form SSA-1696 (Appointment of Representative) signed by the claimant and myself.

From this date forward, please direct all future correspondence, notices, and requests for information regarding this claim to my office at the address listed above. I also request that you provide a copy of the claimant's electronic folder or any recent medical evidence currently on file.

Thank you for your attention to this matter.

Sincerely,

[Signature]

[Printed Name]

[Title/Bar Number if applicable]

Enclosures:

- Form SSA-1696 (Appointment of Representative)

- [Optional: Form SSA-827 (Authorization to Disclose Information)]