

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

Office of Hearing Operations (OHO)

Social Security Administration

[OHO Address]

[City, State, Zip Code]

RE: NOTICE OF REPRESENTATION

Claimant: [Claimant's Full Name]

SSN: [Claimant's Social Security Number]

ALJ: [Judge's Name, if assigned]

To the Honorable Administrative Law Judge:

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.

Enclosed please find the following documents for your records:

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

I request that copies of all future notices, correspondence, and decisions regarding this matter be sent to my office at the address listed above.

We are currently in the process of reviewing the claimant's electronic folder and will submit additional medical evidence and a pre-hearing brief as soon as possible. Please contact my office if you require any further information at this time.

Thank you for your attention to this matter.

Sincerely,

[Signature]

[Printed Name]

[Title]