

[Date]

Social Security Administration  
Appeals Council  
6401 Security Blvd  
Baltimore, MD 21235

**RE: Notice of Representation and Request for Review**

Claimant Name: [Claimant Full Name]  
Claimant SSN: [Claimant Social Security Number]  
ALJ Decision Date: [Date of ALJ Decision]

To the Appeals Council:

Please be advised that I represent the above-named claimant in their appeal for [Social Security Disability Insurance / Supplemental Security Income] benefits. Enclosed is a signed Form SSA-1696 (Appointment of Representative).

We hereby formally request a review of the Administrative Law Judge's (ALJ) decision dated [Date]. We contend that the decision is not supported by substantial evidence and contains errors of law.

We respectfully request a 30-day extension of time from the date of this letter to submit a formal brief and any additional evidence to be considered by the Council.

Please send copies of all future correspondence regarding this matter to my office at the address listed below.

Sincerely,

[Your Signature]

[Your Printed Name]  
[Your Law Firm/Organization Name]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

Enclosure: Form SSA-1696