

[Representative's Name]  
[Firm Name, if applicable]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

Social Security Administration  
[Local Office Address]  
[City, State, Zip Code]

**RE: Letter of Representation**

**Claimant (Minor):** [Minor Child's Full Name]  
**Social Security Number:** [Minor Child's SSN]  
**Parent/Guardian:** [Parent/Guardian Full Name]  
**Claim Type:** [SSI/Child Disability Benefits]

To Whom It May Concern:

Please be advised that I have been retained to represent the above-named minor child and their parent/guardian in their claim for benefits before the Social Security Administration.

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

- Form SSA-1696 (Appointment of Representative)
- Form SSA-827 (Authorization to Disclose Information to SSA)
- [List any other forms, e.g., Fee Agreement]

Please direct all future correspondence, notices, and requests for information regarding this claim to my office at the address listed above. I request that a copy of the exhibit folder and all evidence currently on file be provided to my office as soon as possible.

Thank you for your assistance in this matter.

Sincerely,

[Signature]  
[Representative's Printed Name]  
[Representative's ID Number, if applicable]