

[Your Name/Law Firm Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

Social Security Administration

Office of Hearing Operations

[Local Office Address]

[City, State, Zip Code]

RE: Notice of Representation and Request for Expedited Hearing

Claimant Name: [Claimant Full Name]

SSN: [Claimant Social Security Number]

Date of Birth: [Claimant Date of Birth]

To the Honorable Administrative Law Judge:

Please be advised that I have been retained to represent the above-named claimant regarding their application for [Social Security Disability Insurance / Supplemental Security Income] benefits. Please find the enclosed Form SSA-1696 (Appointment of Representative).

I am formally requesting that this case be designated for an expedited hearing based on the following "Critical Request" criteria:

- **Terminal Illness:** The claimant suffers from a terminal medical condition.
- **Compassionate Allowance:** The claimant's condition meets the SSA Compassionate Allowance criteria.
- **Dire Need:** The claimant is currently without, and is unable to obtain, food, medicine, or shelter.
- **Dire Financial Hardship (Eviction/Foreclosure):** Supporting documentation regarding pending eviction or foreclosure is attached.
- **Military Service:** The claimant is a Veteran with a 100% P&T disability rating or was injured while on active duty.
- **Suicidal/Homicidal Ideation:** The claimant is a danger to themselves or others.

Evidence supporting this request for expedited processing is attached to this letter. We respectfully request that a hearing date be scheduled at the earliest possible opportunity.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Bar Number/Representative ID]

Enclosures: Form SSA-1696, Supporting Medical/Financial Documentation