

[Your Name/Law Firm Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

[Date]

Social Security Administration

[Appeals Council or Local District Office Address]

[City, State, Zip Code]

**RE: Notice of Representation - Federal Court Remand**

**Claimant:** [Claimant Name]

**SSN:** [Claimant Social Security Number]

**Court Case No:** [Federal Case Number]

To Whom It May Concern:

Please be advised that I represent the above-named claimant in their claim for Social Security benefits. This matter has been remanded to the Social Security Administration by the United States District Court for the [Name of District, e.g., Northern District of Illinois] per the order dated [Date of Court Order].

Enclosed please find the following documents for your records:

- Completed Form SSA-1696 (Appointment of Representative).
- A copy of the Federal Court Remand Order.
- [Optional: Fee Agreement].

Please ensure that all future correspondence, notices, and decisions regarding this claim are sent to my office at the address listed above. I request that a copy of the administrative record and any updated status regarding the scheduling of a new hearing before an Administrative Law Judge be provided to my office as soon as possible.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Title, e.g., Attorney at Law]