

Re: Disability Benefits Hearing and Information Update

Dear Client:

The Social Security Administration ("SSA") recently made its electronic file for your case available to us. This means your hearing should be scheduled in the near future (*unfortunately, it still may be months before it is held*).

Please help us by completing the Information Update form that follows and return it to us by email. Identify the name, address and contact information for ALL medical professionals you have treated with since the date we allege that you became disabled. Although we may have information about some of them, include ALL medical professionals so that no records are overlooked. We will request the records.

If any of the medical professionals strongly support your application for benefits, please indicate that on the form. We may reach out to them and ask them to comment on how your conditions affect your ability to perform work functions. Finally, we need to know whether you have performed ANY work for money since the date we allege that you became disabled and whether you received any job retraining or vocational rehabilitation services (such as from a state government agency known as ACCES-VR).

GET THIS INFORMATION TO US ASAP. If you see a new medical professional AFTER you complete the form (not a new appointment with existing professional), be sure to let us know.

Thank you for helping us help you.

INFORMATION UPDATE FORM

Identify the name, address and contact information for ALL medical professionals you have treated with since the date we allege that you became disabled.

Name, Address & Contact Info of Medical	Date of Last
Professional	Visit

Do any of these medical professionals strongly support your application for benefits? If so, identify them below and the conditions they treat:

(such as from a state government agency known as ACCES-VR)?	Name:	Condition(s) Treated:	
Have you worked for money in any capacity (e.g., for yourself or for an employer) since the date we allege that you became disabled? If so, identify the dates and hours you worked and how much you earned by working. Supply W-2 forms, pay stubs and other information which confirms what you earned by working. Dates Worked: Earnings: Dates Worked: Earnings:	Name:	Condition(s) Treated:	
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