

Instruction: This is a model letter. Adapt to fit your facts and circumstances.

Date

Return address:
Name
Address Line 1
Address Line 2
City, State Zip Code

Judge
Administrative Law Judge
Office of Hearings & Appeals, SSA
Address Line
City, State Zip Code

Re: NOTICE OF INTENT TO FILE A FEE PETITION
Claimant:
SSN:

Dear Judge :

On , you issued a decision finding the above claimant to be disabled. As soon as the determination is made of the total amount of past-due benefits due my client, I will file a request for approval of my fee. I give this notice in compliance with 20 C.F.R. §404.1730(c)(1), which requires that I give you notice of intent to file a fee petition within 60 days of the date of the notice of favorable decision.

Thank you for your cooperation in this matter.

Sincerely yours,

Enclosures

cc: _____