

Claimant: Teresa L Suck	SSN: 233-25-6333
Level: Hearing	Claim type: T16
Alleged onset: 11/01/2013	Last Insured:
Application: 04/05/2018	Last Changed: 01/07/2021

A. Payment Documents/Decisions

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B. Jurisdictional Documents/Notices

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SOCIAL SECURITY ADMINISTRATION

Office of Hearings Operations
Charleston Fed Center
500 Quarrier Street
Suite 100
Charleston, WV 25301-2186

Date: January 07, 2021

Teresa L Suck
236 Baier Ridge Rd
Cottageville, WV 25239

Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision and decide if you meet the non-disability requirements for Supplemental Security Income payments. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. The preferred method for filing your appeal is by using our secure online process available at <https://www.ssa.gov/benefits/disability/appeal.html>.

You may also use our Request for Review form (HA-520) or write a letter. The form is available at <https://www.ssa.gov/forms/ha-520.html>. Please write the Social Security number associated with this case on any appeal you file. You may call (800) 772-1213 with questions.

Please send your request to:

**Appeals Council
5107 Leesburg Pike
Falls Church, VA 22041-3255**

Form HA-L76 (03-2010)

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

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Time Limit To File An Appeal

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 416 (Subpart N).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

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Form HA-L76 (03-2010)

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If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is (866) 574-2533. Its address is:

Social Security
Suite 500
700 Market St
Parkersburg, WV 26101-5352

Valerie A. Bawolek
Administrative Law Judge

Enclosures:
Decision Rationale
Form HA-L15 (Fee Agreement Approval)

cc: Jan Denise Dils
P.O. Box 901
Parkersburg, WV 26102

Form HA-L76 (03-2010)

**SOCIAL SECURITY ADMINISTRATION
Office of Hearings Operations**

DECISION

IN THE CASE OF

Teresa L Suck
(Claimant)

(Wage Earner)

CLAIM FOR

Supplemental Security Income

233-25-6333

(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

This case is before the undersigned on a request for hearing dated January 31, 2019 (20 CFR 416.1429 *et seq.*). On December 8, 2020, the undersigned held a telephonic hearing, at which all parties appeared by telephone. This telephonic hearing was held pursuant to 20 CFR 404.936(c) and 416.1436(c), which direct that given a finding of “extraordinary circumstances” that prevent appearance by video teleconferencing or in person, the claimant and/or any other party to the hearing may be scheduled to appear by telephone. We have found that the ongoing coronavirus (COVID-19) pandemic constitutes extraordinary circumstances that prevent the appearance of any individual by video teleconferencing or in person. The claimant appeared and testified by telephone, as she agreed to have her hearing by telephone and waived the 20-day notice in a letter dated July 15, 2020 (Exhibit B15B). The undersigned presided over the hearing by telephone. The claimant is represented by Jan Denise Dils, an attorney. However, Kevin Walker, an attorney with Jan Dils Attorneys at Law, appeared at the hearing via telephone on the claimant’s behalf. Also appearing and testifying via telephone were Nitin Dhiman, M.D. and Paul R. Wiese, Ph.D., impartial medical experts; and Patricia Posey, an impartial vocational expert.

The claimant, through her representative, amended the alleged onset date of disability to April 5, 2018, her Title 16 filing date (Exhibit B10D, p. 2).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After consideration of the entire record, the undersigned makes the following findings:

- 1. The claimant has not engaged in substantial gainful activity since April 5, 2018, the amended alleged onset date (20 CFR 416.920(b) and 416.971 *et seq.*).**
- 2. The claimant has the following severe impairments: cervical, thoracic, and lumbar degenerative disc disease; asthma; migraine headaches; and arthritis (20 CFR 416.920(c)).**

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3. The claimant does not have an impairment or combination of impairments that meets or medically equals the severity of any of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 416.920(d), 416.925, and 416.926).

4. The claimant has the residual functional capacity to perform sedentary work as defined in 20 CFR 416.967(a) except she can sit for 6 hours in an 8-hour day, but can only stand and walk for one hour each in an 8-hour workday. She can occasionally climb ramps and stairs, but never climb ladders, ropes, or scaffolds. She can occasionally stoop, crouch, kneel, and crawl. She can frequently balance. She can occasionally reach overhead and in all other directions. She can frequently handle, finger, and feel. She must avoid unprotected heights and moving mechanical parts. She can occasionally be exposed to temperature extremes, wetness, humidity, and pulmonary irritants. She requires a work environment with only a moderate level of noise---no loud or very loud noises--- due to migraine headaches and anxiety (which was found to be a nonsevere impairment).

In making this finding, the undersigned has considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 416.929 and SSR 16-3p. The undersigned also considered the medical opinion(s) and prior administrative medical finding(s) in accordance with the requirements of 20 CFR 416.920c.

The claimant alleged inability to work due to conditions such as joint pain and back problems. She reported that she has several bulging discs in her back and is unable to sit or stand for long periods due to muscle spasms, stiffness, and pain. The claimant's symptoms are reasonably consistent with the medical evidence and other evidence in the record.

Addressing the claimant's physical impairments, Nitin Dhiman, M.D. testified that the claimant has a history of COPD/asthma as well as degenerative disc disease of the cervical, thoracic, and lumbar spine, which affects her ability to stand and walk in an 8-hour workday. MRI of the cervical spine in April 2018 showed osteophyte formation and broad-based disc protrusion at C6-C7 with slight narrowing of the exit neural foramen (Exhibit B9F, p. 1). MRIs of the lumbar spine and thoracic spine in February 2020 also showed spondylolisthesis of the lumbar spine with mild plaquing in the abdominal aorta, as well as mild to moderate multilevel degenerative changes in the thoracic spine (Exhibit B13F, p. 2).

According to the report from consultative examiner Karen Jewell, APRN, the claimant has had physical therapy and joint injections in her spine and other joints; but has obtained no significant pain relief. During her clinical examination by Ms. Jewell in November 2018, the claimant complained of increased pain with sitting and standing (Exhibit B8F, p. 1). Records from River Valley Family Care show that the claimant displayed abnormal range of motion with pain in the thoracic and lumbar spine during an examination in early 2018 (Exhibit B15F, p. 10).

With regard to the claimant's other impairments, records from William Casto, M.D. documented that the claimant has a history of asthma, severe migraine headaches, and arthritis and has been prescribed medication such as an albuterol inhaler, prednisone, and a ProAir inhaler (Exhibit B9F, pp. 19 and 25). Records from River Valley Family Care state that the claimant had

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objective evidence of swelling in the right wrist and hand with weakness on flexion of the fingers (Exhibit B15F, p. 4).

Based on the aforementioned evidence, the undersigned finds the above residual functional capacity assessment is well supported. Given the claimant's history of multilevel degenerative disc disease, migraines, asthma, and arthritis, a reduction to a sedentary exertional level of activity is appropriate. In addition, a finding that the claimant can only occasionally reach overhead and in all other directions is supported by the claimant's cervical spine MRI and records from River Valley Family Care, which documented that she had swelling and weakness in the right upper extremity (Exhibits B9F, p. 1 and B15F, p. 4).

After consideration of the evidence, the undersigned finds that the claimant's medically determinable impairments could reasonably be expected to cause the alleged symptoms. The claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are reasonably consistent with the medical evidence and other evidence in the record for the reasons explained in this decision.

As to opinion evidence, the undersigned finds that Dr. Dhiman's opinion that the claimant should be limited to a less than sedentary level of exertional activity is persuasive, as he had access to the complete record and could be questioned regarding his opinion.

The undersigned finds that the opinion of Jessica Wooten in Exhibit B20F is persuasive overall in that it supports a finding that the claimant is limited to a less than sedentary exertional level of activity based on impairments such as degenerative disc disease, headaches, and chronic pain. However, not all of the limitations listed are supported by the evidence. For instance, Dr. Dhiman testified that while the claimant's standing and walking should be limited to an hour each in an 8-hour day, he found that she could sit for 6 hours, which is better supported by the record than Wooten's finding of less than two hours.

The undersigned finds that the State agency consultants' physical assessments in Exhibits B2A and B4A are not persuasive, as the consultants were unable to review all of the evidence in the current record, including the persuasive testimony of Dr. Dhiman and physical RFC by Jessica Wooten. As noted above, both Dr. Dhiman and Jessica Wooten found that the claimant should be limited to a sedentary exertional level of activity based on her history of degenerative disc disease, headaches, chronic pain, and asthma.

The undersigned has considered the prior Administrative Law Judge decision in accordance with Social Security Acquiescence Ruling 00-1(4) addressing *Albright v. Commissioner of Social Security Administration*, 174 F.3d 473 (4th Cir. 1999). The undersigned finds that the probative value of the prior decision is outweighed by the current evidence, which demonstrates the presence of new impairments such as COPD/asthma and migraine headaches (Exhibit B9F). Accordingly, the prior decision in Exhibit B1A, which found that the claimant could perform at a medium exertional level of activity with additional postural and environmental limitations, is given little weight and is not found persuasive.

5. The claimant is unable to perform any past relevant work (20 CFR 416.965).

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Teresa L Suck (233-25-6333)

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The vocational expert testified as to the claimant's past relevant work, which included work as a retail cashier. The vocational expert stated that the job as a retail cashier D.O.T.(Dictionary of Occupational Titles) # 211.462-010 was light exertion with an SVP(specific vocational preparation) of 2. Based on the residual functional capacity, the vocational expert indicated that the claimant could not perform her past work. Accordingly, the undersigned finds that she is unable to perform any past relevant work.

6. The claimant was a younger individual age 45-49 on the established disability onset date (20 CFR 416.963).

7. The claimant has at least a high school education (20 CFR 416.964).

8. Transferability of job skills is not an issue in this case because the claimant's past relevant work is unskilled (20 CFR 416.968).

9. Considering the claimant's age, education, work experience, and residual functional capacity, there are no jobs that exist in significant numbers in the national economy that the claimant can perform (20 CFR 416.960(c) and 416.966).

If the claimant had the residual functional capacity to perform the full range of sedentary work, considering the claimant's age, education, and work experience, a finding of "not disabled" would be directed by Medical-Vocational Rule 201.21. To determine the extent to which the claimant's additional limitations erode the unskilled sedentary occupational base, the Administrative Law Judge asked the vocational expert whether jobs exist in the national economy for an individual of the claimant's age, education, work experience, and residual functional capacity. The vocational expert testified that given all of these factors, there are no jobs in the national economy that the individual could perform.

Based on the testimony of the vocational expert, the undersigned concludes that, considering the claimant's age, education, work experience, and residual functional capacity, a finding of "disabled" is appropriate under the framework of the above-cited rule.

10. The claimant has been under a disability as defined in the Social Security Act since April 5, 2018, the amended alleged onset date of disability (20 CFR 416.920(g)).

DECISION

Based on the application for supplemental security income protectively filed on April 5, 2018, the claimant has been disabled under section 1614(a)(3)(A) of the Social Security Act since April 5, 2018. Supplemental security income does not become payable until the month after the month in which the application is filed (20 CFR 416.335).

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Teresa L Suck (233-25-6333)

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The component of the Social Security Administration responsible for authorizing supplemental security income will advise the claimant regarding the nondisability requirements for these payments and, if the claimant is eligible, the amount and the months for which payment will be made.

/s/ *Valerie A. Bawolek*

Valerie A. Bawolek
Administrative Law Judge

January 07, 2021

Date

SOCIAL SECURITY ADMINISTRATION
Office of Hearings Operations

ORDER OF ADMINISTRATIVE LAW JUDGE

IN THE CASE OF

Teresa L Suck
(Claimant)

(Wage Earner)

CLAIM FOR

Supplemental Security Income
233-25-6333
(Social Security Number)

I approve the fee agreement between the claimant and her representative subject to the condition that the claim results in past-due benefits. My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

YOU MAY REQUEST A REVIEW OF THIS ORDER AS INDICATED BELOW

Fee Agreement Approval: You may ask us to review the approval of the fee agreement. If so, write us within 15 days from the day you get this order. Tell us that you disagree with the approval of the agreement and give your reasons. Your representative also has 15 days to write us if he or she does not agree with the approval of the fee agreement. Send your request to this address:

Regional Chief Administrative Law Judge
SSA OHO REGIONAL OFC
4th Floor East
PO Box 13496
Philadelphia, PA 19101-3496

Fee Agreement Amount: You may also ask for a review of the amount of the fee due to the representative under this approved fee agreement. If so, please write directly to me as the deciding Administrative Law Judge within 15 days of the day you are notified of the amount of the fee due to the representative. Your representative also has 15 days to write me if he/she does not agree with the fee amount under the approved agreement.

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Form HA-L15 (03-2007)

Teresa L Suck (233-25-6333)

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You should include the social security number(s) shown on this order on any papers that you send us.

/s/ ***Valerie A. Bawolek***

Valerie A. Bawolek

Administrative Law Judge

January 07, 2021

Date

Form **HA-510** (04-2020) UF
Discontinue Prior Editions
Social Security Administration

Page 1 of 2
OMB No.0960-0671

Waiver of Timely Written Notice of Hearing

In the case of:
Teresa L Suck
(Claimant)

Claim for:

(Wage Earner)(Leave blank if same as above)

233-25-6333

(Social Security Number)

Under 20 CFR 404.938 and/or 20 CFR 416.1438, where applicable, I am entitled to receive a 75 day advance written notice of the hearing in my case. Having been fully advised of such right, I hereby waive the 75 day advance notice requirement.

I must inform SSA about or submit all evidence known to me that relates to whether or not I am blind or disabled. I must do this at least 5 business days prior to the date of the hearing. I understand that the administrative law judge may not accept evidence that I inform SSA about or submit less than 5 days prior to the hearing unless I provide a good reason.

(Signature)

(Street Address)

(City, State, and Zip Code)

(Area Code and Telephone Number)

Date: _____

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(b)(1), 205(d), and 1631(c) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from completing the hearing process.

We will use the information to document your waiver of rights to receive the written Notice of Hearing. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
2. To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for the SSA as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0005, entitled Administrative Law Judge Working File on Claimant Cases and 60-0089, entitled Claims Folders Systems.

Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Form **HA-510** (04-2020) UF
Discontinue Prior Editions
Social Security Administration

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OMB No.0960-0671

Waiver of Timely Written Notice of Hearing

In the case of:
Teresa L Suck
(Claimant)

Claim for:

(Wage Earner)(Leave blank if same as above)

233-25-6333

(Social Security Number)

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(Signature)

(Street Address)

(City, State, and Zip Code)

(Area Code and Telephone Number)

Date: _____

Privacy Act Statement
Collection and Use of Personal Information

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4. To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for the SSA as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

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Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*



SOCIAL SECURITY ADMINISTRATION

Refer To:
Teresa L Suck

Office of Hearings Operations
Charleston Fed Center
500 Quarrier Street
Suite 100
Charleston, WV 25301-2186
Tel: (888)527-9325 / Fax: (833)574-0712
Date: November 10, 2020

COVID-19 Public Health Emergency Hearing Changes

Jan Denise Dils
P. O. Box 901
Parkersburg, WV 26102

Due to the COVID-19 national public health emergency, we are currently conducting hearings only by telephone, with the claimant's consent. To determine whether a claimant consents to a telephone hearing, we have been calling the claimant's representative pursuant to our COVID Enhanced Outreach process. However, we are updating our outreach process for cases in which the claimant is represented. We will now provide the enclosed COVID-19 Telephone Hearing Agreement Form to the representative instead of calling the representative. The claimant or representative will indicate on the form if the claimant agrees to a hearing by telephone, and if so, to provide phone numbers for the hearing. If the claimant is unable to sign the form due to COVID-19 precautions, the representative may sign in lieu of the claimant. We will not schedule, or proceed with a hearing by telephone until we receive the claimant's consent. We also will accept a verbal agreement to appear by telephone. To provide a verbal agreement, please call us at the number in the heading of this notice. If the claimant does not consent to appear by telephone, we will not schedule the hearing at this time, or if already scheduled, we will postpone the hearing until we can offer another option, such as a hearing by video teleconferencing or in person, as appropriate.

Waiver of Timely Mailed Notice of Hearing

We generally must mail a notice of hearing at least 75 days, or an amended notice of hearing at least 20 days, before the date of the hearing. If circumstances prevent us from mailing this notice timely, we cannot proceed with the hearing unless the claimant waives his or her right to a timely mailed notice of hearing or amended notice of hearing. As applicable, we will mail a Waiver of Timely Written Notice of Hearing form for completion.

How to Submit Documents to Us

In our efforts to maintain service during the COVID-19 national public health emergency, we are emphasizing electronic options for doing business with us when possible to make it more convenient to the public and to reduce paper mail and faxes in our hearing offices. Registered representatives with a recognized notice of appointment in a case should continue to use the

Claimant

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Teresa L Suck

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“Upload New File” function available when viewing a claimant’s electronic folder in Appointed Representative Services (ARS) to upload documents, including the COVID-19 Telephone Hearing Agreement Form or the Waiver of Timely Written Notice of Hearing form. This process does not require a barcode. Alternatively, representatives can also submit documents with a barcode using the “Send Individual Response” function in ARS and Electronic Records Express (ERE). Registered representatives should use these methods to submit any documents to us electronically, whenever possible.

If a representative is not registered, he or she can use a physical **fax machine or his or her own e-fax** solution to send documents, including the completed COVID-19 Telephone Hearing Agreement Form or the Waiver of Timely Written Notice of Hearing form. Due to our modernization efforts, sending documents to us via fax will now deliver a secure, electronic copy and route it to the specific hearing office’s designated email inbox. To submit documents electronically via fax, simply use the toll-free fax number with area code “833” assigned to the servicing hearing office, included in the header of this notice. For a specific hearing office’s designated fax number, visit https://www.ssa.gov/appeals/ho_locator.html.

For appointed representatives who do not have direct access to the electronic file, we can provide an encrypted copy of the electronic file by email. Please call us at the number in the heading of this notice to provide an email address for receipt of the electronic file.

Submitting the Notice of Appointment Electronically

Representatives who are not yet appointed to a case but are registered through ARS can use the “Contact OHO Office” function to send a one-way communication, including non-case information or the written notice of appointment, such as the SSA-1696, to a designated email box for the servicing hearing office. We highly recommend that any representative who will appear at a claimant’s hearing but is not yet appointed in the case submit appointment documentation before the hearing.

For an appointment of representative to be valid, the claim(s) file must contain a completed and properly signed notice of appointment, which can be on form SSA-1696, Claimant’s Appointment of Representative, or another written document that meets the requirements of 20 CFR 404.1707 and 416.1507. Form SSA-1696 is accessible on the Social Security website at <https://www.ssa.gov/forms/ssa-1696.pdf>. Additional information about use of the “Contact OHO Office” tool can be found at <https://www.ssa.gov/ar>.

During the COVID-19 public health emergency, we are temporarily permitting claimant signatures on a notice of appointment that do not meet the standards listed in GN 03910.040 (e.g., signatures that appear to be electronic or a digitized image of a handwritten signature) with additional verbal confirmation by the claimant about his or her intent to appoint the representative and electronic signature. A fee agreement with a claimant signature identical to the one on the written notice of appointment may be accepted if it is submitted simultaneously with notice of appointment.

Claimant

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Teresa L Suck

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If You Have Any Questions

If you have any questions, please contact your servicing hearing office via the contact information in the heading of this notice.

Social Security Administration

cc: Teresa L Suck
236 Baier Ridge Rd
Cottageville, WV 25239

Enclosure:
Telephone Hearing Agreement Form

Claimant

Social Security Administration

OMB Control No. 0960-0671

COVID-19 Telephone Hearing Agreement Form

Claimant's Name: Teresa L Suck

Social Security Number: 233-25-6333

Wage Earner:

Representative's Name: Jan Denise Dils

Due to the coronavirus 2019 (COVID-19) national public health emergency, we are conducting hearings only by telephone at this time. We will not conduct the hearing by telephone unless the claimant (hereinafter "you") voluntarily agrees to appear in that manner. If you, the claimant, agree to appear at your hearing by telephone, the administrative law judge (ALJ) assigned to your case will conduct the hearing from his or her personal residence.

Please check one of the boxes below to tell us whether you voluntarily agree to appear at your hearing by telephone. If you agree to appear by telephone, please be sure to provide the telephone number where we can reach you at the time of your hearing. If you do not agree to appear by telephone, we will wait to schedule your hearing until we resume standard operations and can schedule you to appear at a hearing by video teleconferencing or in person, as appropriate. If we have already scheduled your hearing and you do not agree to appear by telephone, we will postpone your hearing.

☐ **I agree to a telephone hearing. On the day of the hearing, I can be contacted at:**

My contact number:_____

My representative's contact number:_____

☐ **I do not agree to a telephone hearing. I understand that by selecting this option, my hearing will be delayed.**

If your contact information changes or if you have questions, please call the Hearing Office at the telephone number on the COVID-19 Public Health Emergency Hearing Changes notice associated with this request.

Additional Comments:_____

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Claimant

☐ I am the claimant whose name appears above, and the selection on this form accurately represents my voluntary determinations.

Claimant Signature:	Date:

---- Or ----

☐ I represent the claimant whose name appears above and who presently is unable to sign this form due to COVID-19 precautions. As the authorized representative, I have consulted with the claimant, and the selection on this form accurately represents his or her voluntary determinations.

Representative Signature:	Date:

See Next Page

Claimant

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a) and 1631(d)(1) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to schedule your hearing. We may also share your information for the following purposes, called routine uses:

- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting SSA in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0320, entitled Electronic Disability Claim File, as published in the Federal Register (FR) on December 22, 2003, at 68 FR 71210. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy/.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Claimant



SOCIAL SECURITY ADMINISTRATION

Refer To:
Teresa L Suck

Office of Hearings Operations
Charleston Fed Center
500 Quarrier Street
Suite 100
Charleston, WV 25301-2186
Tel: (888)527-9325 / Fax: (833)574-0712
Date: November 10, 2020

COVID-19 Public Health Emergency Hearing Changes

Jan Denise Dils
P. O. Box 901
Parkersburg, WV 26102

Due to the COVID-19 national public health emergency, we are currently conducting hearings only by telephone, with the claimant's consent. To determine whether a claimant consents to a telephone hearing, we have been calling the claimant's representative pursuant to our COVID Enhanced Outreach process. However, we are updating our outreach process for cases in which the claimant is represented. We will now provide the enclosed COVID-19 Telephone Hearing Agreement Form to the representative instead of calling the representative. The claimant or representative will indicate on the form if the claimant agrees to a hearing by telephone, and if so, to provide phone numbers for the hearing. If the claimant is unable to sign the form due to COVID-19 precautions, the representative may sign in lieu of the claimant. We will not schedule, or proceed with a hearing by telephone until we receive the claimant's consent. We also will accept a verbal agreement to appear by telephone. To provide a verbal agreement, please call us at the number in the heading of this notice. If the claimant does not consent to appear by telephone, we will not schedule the hearing at this time, or if already scheduled, we will postpone the hearing until we can offer another option, such as a hearing by video teleconferencing or in person, as appropriate.

Waiver of Timely Mailed Notice of Hearing

We generally must mail a notice of hearing at least 75 days, or an amended notice of hearing at least 20 days, before the date of the hearing. If circumstances prevent us from mailing this notice timely, we cannot proceed with the hearing unless the claimant waives his or her right to a timely mailed notice of hearing or amended notice of hearing. As applicable, we will mail a Waiver of Timely Written Notice of Hearing form for completion.

How to Submit Documents to Us

In our efforts to maintain service during the COVID-19 national public health emergency, we are emphasizing electronic options for doing business with us when possible to make it more convenient to the public and to reduce paper mail and faxes in our hearing offices. Registered representatives with a recognized notice of appointment in a case should continue to use the

Representative

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Teresa L Suck

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“Upload New File” function available when viewing a claimant’s electronic folder in Appointed Representative Services (ARS) to upload documents, including the COVID-19 Telephone Hearing Agreement Form or the Waiver of Timely Written Notice of Hearing form. This process does not require a barcode. Alternatively, representatives can also submit documents with a barcode using the “Send Individual Response” function in ARS and Electronic Records Express (ERE). Registered representatives should use these methods to submit any documents to us electronically, whenever possible.

If a representative is not registered, he or she can use a physical **fax machine or his or her own e-fax** solution to send documents, including the completed COVID-19 Telephone Hearing Agreement Form or the Waiver of Timely Written Notice of Hearing form. Due to our modernization efforts, sending documents to us via fax will now deliver a secure, electronic copy and route it to the specific hearing office’s designated email inbox. To submit documents electronically via fax, simply use the toll-free fax number with area code “833” assigned to the servicing hearing office, included in the header of this notice. For a specific hearing office’s designated fax number, visit https://www.ssa.gov/appeals/ho_locator.html.

For appointed representatives who do not have direct access to the electronic file, we can provide an encrypted copy of the electronic file by email. Please call us at the number in the heading of this notice to provide an email address for receipt of the electronic file.

Submitting the Notice of Appointment Electronically

Representatives who are not yet appointed to a case but are registered through ARS can use the “Contact OHO Office” function to send a one-way communication, including non-case information or the written notice of appointment, such as the SSA-1696, to a designated email box for the servicing hearing office. We highly recommend that any representative who will appear at a claimant’s hearing but is not yet appointed in the case submit appointment documentation before the hearing.

For an appointment of representative to be valid, the claim(s) file must contain a completed and properly signed notice of appointment, which can be on form SSA-1696, Claimant’s Appointment of Representative, or another written document that meets the requirements of 20 CFR 404.1707 and 416.1507. Form SSA-1696 is accessible on the Social Security website at <https://www.ssa.gov/forms/ssa-1696.pdf>. Additional information about use of the “Contact OHO Office” tool can be found at <https://www.ssa.gov/ar>.

During the COVID-19 public health emergency, we are temporarily permitting claimant signatures on a notice of appointment that do not meet the standards listed in GN 03910.040 (e.g., signatures that appear to be electronic or a digitized image of a handwritten signature) with additional verbal confirmation by the claimant about his or her intent to appoint the representative and electronic signature. A fee agreement with a claimant signature identical to the one on the written notice of appointment may be accepted if it is submitted simultaneously with notice of appointment.

Representative

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Teresa L Suck

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If You Have Any Questions

If you have any questions, please contact your servicing hearing office via the contact information in the heading of this notice.

Social Security Administration

cc: Teresa L Suck
236 Baier Ridge Rd
Cottageville, WV 25239

Enclosure:
Telephone Hearing Agreement Form

Representative

Social Security Administration

OMB Control No. 0960-0671

COVID-19 Telephone Hearing Agreement Form

Claimant's Name: Teresa L Suck

Social Security Number: 233-25-6333

Wage Earner:

Representative's Name: Jan Denise Dils

Due to the coronavirus 2019 (COVID-19) national public health emergency, we are conducting hearings only by telephone at this time. We will not conduct the hearing by telephone unless the claimant (hereinafter "you") voluntarily agrees to appear in that manner. If you, the claimant, agree to appear at your hearing by telephone, the administrative law judge (ALJ) assigned to your case will conduct the hearing from his or her personal residence.

Please check one of the boxes below to tell us whether you voluntarily agree to appear at your hearing by telephone. If you agree to appear by telephone, please be sure to provide the telephone number where we can reach you at the time of your hearing. If you do not agree to appear by telephone, we will wait to schedule your hearing until we resume standard operations and can schedule you to appear at a hearing by video teleconferencing or in person, as appropriate. If we have already scheduled your hearing and you do not agree to appear by telephone, we will postpone your hearing.

☐ **I agree to a telephone hearing. On the day of the hearing, I can be contacted at:**

My contact number:_____

My representative's contact number:_____

☐ **I do not agree to a telephone hearing. I understand that by selecting this option, my hearing will be delayed.**

If your contact information changes or if you have questions, please call the Hearing Office at the telephone number on the COVID-19 Public Health Emergency Hearing Changes notice associated with this request.

Additional Comments:_____

Representative

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☐ **I am the claimant whose name appears above, and the selection on this form accurately represents my voluntary determinations.**

Claimant Signature:

Date:

---- Or ----

☐ **I represent the claimant whose name appears above and who presently is unable to sign this form due to COVID-19 precautions. As the authorized representative, I have consulted with the claimant, and the selection on this form accurately represents his or her voluntary determinations.**

Representative Signature:

Date:

See Next Page

Representative

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a) and 1631(d)(1) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information to schedule your hearing. We may also share your information for the following purposes, called routine uses:

- To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payees to the extent necessary to pursue Social Security claims and to representative payees when the information pertains to individuals for whom they serve as representative payees, for the purpose of assisting SSA in administering its representative payment responsibilities under the Act and assisting the representative payees in performing their duties as payees, including receiving and accounting for benefits for individuals for whom they serve as payees; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

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Representative

Form **HA-510** (04-2020) UF
Discontinue Prior Editions
Social Security Administration

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OMB No.0960-0671

Waiver of Timely Written Notice of Hearing

In the case of:
Teresa L Suck
(Claimant)

Claim for:

(Wage Earner)(Leave blank if same as above)

233-25-6333

(Social Security Number)

Under 20 CFR 404.938 and/or 20 CFR 416.1438, where applicable, I am entitled to receive a 75 day advance written notice of the hearing in my case. Having been fully advised of such right, I hereby waive the 75 day advance notice requirement.

I must inform SSA about or submit all evidence known to me that relates to whether or not I am blind or disabled. I must do this at least 5 business days prior to the date of the hearing. I understand that the administrative law judge may not accept evidence that I inform SSA about or submit less than 5 days prior to the hearing unless I provide a good reason.

(Signature)

(Street Address)

(City, State, and Zip Code)

(Area Code and Telephone Number)

Date: _____

Form HA-510 (01-2020) UF
Claimant

See Next Page

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(b)(1), 205(d), and 1631(c) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from completing the hearing process.

We will use the information to document your waiver of rights to receive the written Notice of Hearing. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
2. To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for the SSA as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0005, entitled Administrative Law Judge Working File on Claimant Cases and 60-0089, entitled Claims Folders Systems.

Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

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Waiver of Timely Written Notice of Hearing

In the case of: Teresa L Suck (Claimant)	Claim for:
	233-25-6333
(Wage Earner)(Leave blank if same as above)	(Social Security Number)

Under 20 CFR 404.938 and/or 20 CFR 416.1438, where applicable, I am entitled to receive a 75 day advance written notice of the hearing in my case. Having been fully advised of such right, I hereby waive the 75 day advance notice requirement.

I must inform SSA about or submit all evidence known to me that relates to whether or not I am blind or disabled. I must do this at least 5 business days prior to the date of the hearing. I understand that the administrative law judge may not accept evidence that I inform SSA about or submit less than 5 days prior to the hearing unless I provide a good reason.

(Signature)
(Street Address)
(City, State, and Zip Code)
(Area Code and Telephone Number)

Date: _____

Privacy Act Statement
Collection and Use of Personal Information

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4. To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for the SSA as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

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