

Jurisdictional Documents and Notices

Civil Action Number: 1:10-CV-12345

Claimant: Lucky Phylla

Account Number: 987-65-4321

Exhibits

Exhibit No.	Description	Page No.	No. of Pages
1B	T16 Notice of Disapproved Claim, dated 12/20/2007	44-47	4
2B	Appointment of Representative, dated 01/08/2008	48-49	2
3B	Representative Fee Agreement, dated 01/08/2008	50	1
4B	T16 Disability Reconsideration Notice, dated 02/08/2008	51-52	2
5B	Request for Hearing by ALJ, dated 04/25/2008	53-54	2
6B	Statement of Good Cause for Untimely Filing, dated 05/05/2008	55-56	2
7B	Request for Reconsideration, dated 06/11/2008	57	1
8B	Hearing Notice with VE Smith ltr attached	58-71	14
9B	Resume of Vocational Expert Dianne Smith	72-76	5

DATE: May 11, 2010

The documents and exhibits contained in this administrative record are the best copies obtainable.

SOCIAL SECURITY ADMINISTRATION
SUPPLEMENTAL SECURITY INCOME
Notice of Disapproved Claim

DATE: December 20, 2007

Claim Number: .

We are writing about your claim for Supplemental Security Income (SSI) payments. Based on a review of your health problems you do not qualify for payments on this claim. This is because you are not disabled or blind under our rules.

THE DECISION ON YOUR CASE

The following report(s) was/were used to decide this claim:

MD report received 12/05/2007
NATIONAL PARK MEDICAL CTR. report received 11/16/2007
HOT SPRINGS RADIOLOGY SERVICES report received 11/16/2007
, PHD report received 12/18/2007

You said that you became disabled on 10/05/2007 because of scoliosis.

The evidence shows that while your conditions may limit your activities, your limitations are not severe enough to be considered disabling according to Social Security disability guidelines at this time.

Based on your age and your education, you can do some types of work.

We have determined that your condition is not severe enough to keep you from working. We considered the medical and other information, your age, education, training, and work experience in determining how your condition affects your ability to work.

If your condition gets worse and keeps you from working, write, call or visit any Social Security office about filing another application.

ABOUT THE DECISION

Doctors and other trained staff looked at this case and made this decision. They work for the state but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in this case.

The Disability Rules

You must meet certain rules to qualify for SSI payments based on disability. Your health problems must:

- . keep you from doing any kind of substantial work (described below), and
- . last, or be expected to last, for at least 12 months in a row, or result in death.

The Blindness Rules

You must meet certain rules to qualify for SSI payments based on blindness:

- . your eyesight must be no better than 20/200 in the better eye with the use of a correcting lens, or
- . your visual fields must be restricted to 20 degrees or less.

A person can qualify for SSI benefits due to blindness even if he/she can do substantial work.

INFORMATION ABOUT SUBSTANTIAL WORK

Generally, substantial work is physical or mental work a person is paid to do. Work can be substantial even if it is part-time. To decide if a person's work is substantial, we consider the nature of the job duties, the skills and experience needed to do the job, and how much the person actually earns.

Usually, we find that work is substantial if gross earnings average over \$900 per month after we deduct allowable amounts. A person's work may be different than before his/her health problems began. It may not be as hard to do and the pay may be less. However, we may still find that the work is substantial under our rules.

If a person is self-employed, we consider the kind and value of his/her work, including his/her part in the management of the business, as well as income, to decide if the work is substantial.

Other Social Security Benefits

The application you filed for SSI was also a claim for Social Security benefits. We looked into this and decided you cannot get any Social Security benefits besides those you may already be getting. If you disagree with this decision, you have the right to appeal. The appeal is described in this letter.

INFORMATION ABOUT MEDICAID

An agency of your state will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with the local Department of Human Services office.

IF YOU DISAGREE WITH THE DECISION

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

- . You have 60 days to ask for an appeal.
- . The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- . You must have a good reason for waiting more than 60 days to ask for an appeal.
- . You have to ask for an appeal in writing. We will ask you to complete a form SSA-

561-U2, called "Request for Reconsideration". You may contact one of our offices or call 1-800-772-1213 to request this form. Or you may complete this form online at <http://www.socialsecurity.gov/disability/appeal>. Contact one of our offices if you want help.

. In addition, you have to complete a "Disability Report-Appeal" to tell us about your health problems since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete this report online after you complete the online Request for Reconsideration.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your SSI Claim." It contains more information about the appeal.

HOW THE APPEAL WORKS

You have the right to review the facts in your case. You can give us more facts to add to your file. Then we will decide your case again. You will not meet the person who will decide your case.

New Application

You have the right to file a new application at any time, but filing a new application is NOT the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing, you might lose some benefits, or not qualify for any benefits. And, we could deny the new application using this decision, if the facts and issues are the same. So, if you disagree with this decision, you should ask for an appeal within 60 days.

IF YOU WANT HELP WITH YOUR APPEAL

You can have a friend, lawyer, or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

OTHER INFORMATION

This decision refers only to your claim for Supplemental Security Income payments. You will receive a separate notice if you also filed a claim for Social Security payments.

IF YOU HAVE ANY QUESTIONS

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at (501) 525-6927. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

112 CORPORATE TERRACE
Hot Springs, AR 71913

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Ramona Schuenemeyer
Regional Commissioner

Enclosure: SSA Pub. No. 05-11008
16/RGM089692/ksm706904 0009

EXHIBIT NO. 1B
PAGE: 4 OF 4

760

Social Security Administration

Form Approved

Please read the back of the last copy before you complete this form.

OMB No. 0960-0527

Name (Claimant) (Print or Type)	Social Security Number
Wage Earner (If Different)	Social Security Number

EXHIBIT NO. 2B
PAGE: 1 OF 2

JAN 14 2008
U.S. DEPARTMENT OF SOCIAL SECURITY

Part I APPOINTMENT OF REPRESENTATIVE

I appoint this person,

(Name and Address)

to act as my representative in connection with my claim(s) or asserted right(s) under:

- Title II (RSDI)
- Title XVI (SSI)
- Title XVIII (Medicare Coverage)
- Title VIII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I appoint, or I now have, more than one representative. My main representative is

(Name of Principal Representative)

Signature (Claimant)	Address
	Fax Number (with Area Code) Date 1-8-08

E OF APPOINTMENT

... hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

Check one: I am an attorney. I am a non-attorney who is eligible to receive direct fee payment. I am not an attorney and I am ineligible to receive direct fee payment.

I have been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. YES NO

I have been disqualified from participating in or appearing before a Federal program or agency. YES NO

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying

I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)	Date
----------------------------	------

Part IV (Optional) WAIVER OF DIRECT PAYMENT

by Attorney or Non-Attorney Eligible to Receive Direct Payment

I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Attorney or Eligible Non-Attorney (for Direct Payment) Representative)	Date
---	------

Choosing to Be Represented

You can choose to have a representative help you when you do business with Social Security. We will work with your representative, just as we would with you. It is important that you select a qualified person because, once appointed, your representative may act for you in most Social Security matters. We give more information, and examples of what a representative may do, on the back of the "Claimant's Copy" of this form.

Paperwork and Privacy Act Notice

The Social Security Administration (SSA) will recognize someone else as your representative if you sign a written notice appointing that person and, if he or she is not an attorney, that person signs the notice agreeing to be your representative. (You can read more about this in our regulations: 20 CFR §§ 404.1707 and 416.1507.) Giving the information this form requests is voluntary. Without it though, we may not work with the person you choose to represent you.

How to Complete This Form

Please print or type. At the top, show your full name and your Social Security number. If your claim is based on another person's work and earnings, also show the "wage earner's" name and Social Security number. If you appoint more than one person, you may want to complete a form for each of them.

Part I Appointment of Representative

Give the name and address of the person(s) you are appointing. You may appoint an attorney or any other qualified person to represent you. You also may appoint more than one person, but see "What Your Representative(s) May Charge" on the back of the "Claimant's Copy" of this form. You can appoint one or more persons in a firm, corporation, or other organization as your representative(s), but you may not appoint a law firm, legal aid group, corporation, or organization itself.

Check the block(s) showing the program(s) under which you have a claim. You may check more than one block. Check:

- Title II (RSDI), if your claim concerns retirement, survivors, or disability insurance benefits.
- Title XVI (SSI), if your claim concerns supplemental security income.
- Title XVIII (Medicare Coverage), if your claim concerns entitlement to Medicare or enrollment in the Supplementary Medical Insurance (SMI) plan.

If you will have more than one representative, check the block and give the name of the person you want to be the main representative.

How To Complete This Form, continued

Sign your name, but print or type your address, your area code and telephone number, and the date.

Part II Acceptance of Appointment

Each person you appoint (named in part I) completes this part, preferably in all cases. If the person is not an attorney, he or she must give his or her name, state that he or she accepts the appointment, and sign the form.

Part III (Optional) Waiver of Fee

Your representative may complete this part if he or she will not charge any fee for the services provided in this claim. If you appoint a second representative or co-counsel who also will not charge a fee, he or she also should sign this part or give us a separate, written waiver statement.

Part IV (Optional) Waiver of Direct Payment by an Attorney or a Non-Attorney Eligible to Receive Direct Payment

Your representative may complete this part if he or she is an attorney or a non-attorney who does not want direct payment of all or part of the approved fee from past-due retirement, survivors, disability insurance, or supplemental security income benefits withheld.

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. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

References

- 18 U.S.C. §§ 203, 205, and 207; and 42 U.S.C. §§ 406(a), 1320a-6, and 1383(d)(2)
- 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.
- Social Security Rulings 88-10c, 85-3, 83-27, and 82-39

EXHIBIT NO. 2B
PAGE: 2 OF 2

49

JAN 14 2008
EXHIBIT NO. 3B
PAGE: 1 OF 1

CONTRACT OF EMPLOYMENT/SOCIAL SECURITY

Be it understood between the parties hereto that the undersigned ATTORNEY agrees to undertake and prosecute a claim for the undersigned CLIENT for Social Security Disability Benefits and/or SSI Benefits.

Be it understood between the parties hereto that the agreed upon fee when a favorable decision is issued at the initial or reconsideration levels, or at a hearing before an administrative law judge, or at any level of my disability claim, will be 25% of the total past due benefits payable to the claimant and any beneficiaries entitled to benefits under the claimant's account, or \$5,300.00, whichever is less.

Be it further understood between the parties that if no money is realized from this representation in said disability claim against the Social Security Administration, it is hereby agreed that no fee/money is owed.

Be it understood between the parties hereto that where possible, any fees will be collected directly from the amounts withheld by the Social Security Administration; however, if for any reason the amount for attorney fees is not withheld by the Social Security Administration, it will be the obligation of CLIENT to pay the approved attorney fees directly to the ATTORNEY.

Be it understood between the parties hereto that CLIENT'S heirs, personal representatives, legal guardians, and agents are bound by the terms and conditions set forth herein.

No agreement will be made with the Social Security Administration in relation to the prosecution of this claim without first obtaining the approval of CLIENT herein. CLIENT shall undertake to notify ATTORNEY of any contacts, notices, or other correspondence sent to CLIENT by the Social Security Administration.

CLIENT acknowledges receipt of a fully executed copy of this agreement by his/her signature below.

Date: 1-8-08

Social Security Number

Claimant's dependents and their ages:

none

SOCIAL SECURITY ADMINISTRATION
SUPPLEMENTAL SECURITY INCOME
NOTICE OF RECONSIDERATION - DISABILITY

DATE: February 8, 2008

Claim Number: :
Reconsideration Filed: 01/09/2008

Upon receipt of your request for reconsideration we had your claim independently reviewed by a physician and disability examiner in the State agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and any additional information.

The following report(s) was/were used to decide this claim in addition to those listed on our previous notice.

HOT SPRINGS REHABILITATION CENTER report received 02/07/2008

You said that you became disabled on 10/05/2007 because of scoliosis.

The evidence shows that while your condition may cause you some problems, you do not meet the requirements to qualify for Social Security disability benefits at this time.

Based on your age and your education, you can do some types of work.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Hearings and Appeals. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office or on the Internet at <http://www.socialsecurity.gov/disability/appeal>. As part of the appeal process, you also need to tell us about your current medical condition. We provide a form for doing that, the Disability Report-Appeal. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the report online after you complete the online Request for Hearing by Administrative Law Judge. Read the enclosed leaflet and the attached page of this notice for a full explanation of your right to appeal.

If you request a hearing, your case will be assigned to an administrative law judge of the Office of Hearings and Appeals. The administrative law judge will let you know when and where your case will be heard.

The hearing proceedings are informal. The administrative law judge will summarize the facts in your case, explain the law, and state what must be decided. Then you will have an opportunity to explain why you disagree with the decision made in your case, to present additional evidence and to have witnesses testify for you. You can also request the administrative law judge to subpoena unwilling witnesses to appear for cross-examination and to bring with them any information about your case. You have the right to request the administrative law judge to issue a decision based on the written record without you personally appearing before him/her. If you decide not to appear at the hearing, you still have the right to submit additional evidence. The administrative law judge will base the decision on the evidence in your file plus any new evidence submitted.

In having your case heard, you can represent yourself or be represented by a lawyer, a friend, or any other person. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing, you might lose some benefits, or not qualify for any benefits. So, if you disagree with this decision, you should ask for an appeal within 60 days.

This decision refers only to your claim for Supplemental Security Income payments. You will receive a separate notice if you also filed a claim for Social Security payments.

An agency of your state will advise you about the Medicaid program. If you have any questions about your eligibility for Medicaid or need immediate medical assistance, you should get in touch with your local Social Services office.

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at (501) 525-6927. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

112 CORPORATE TERRACE
Hot Springs, AR 71913

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Ramona Schuenemeyer
Regional Commissioner

Enclosure: SSA Pub. No. 70-10281

16/RLW810313/jhi050470 0087
CC:

760

May 9, 2008, 11:45
PAGE 2

NH

I AM REPRESENTED BY _____ WHO IS AN ATTORNEY.

THE REQUEST FOR HEARING IS NOT TIMELY FILED.

MY PHONE NUMBER IS

DATE April 25, 2008.

Form Approved
OMB No. 0980-0045

EXHIBIT NO. 6B
PAGE: 1 OF 2

SOCIAL SECURITY ADMINISTRATION

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT	SOCIAL SECURITY NUMBER
NAME OF PERSON MAKING STATEMENT (if other than above wage earner, self-employed person, or SSI claimant)	RELATIONSHIP TO WAGE EARNER, SELF-EMPLOYED PERSON, OR SSI CLAIMANT <i>Attorney</i>

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that -

I am filing this appeal after the 65 day appeal period because:

the volume of cases I handle, my child's illness, and my difficulty in getting in touch with the claimant, I submitted his request for a hearing fourteen days after the 65-day appeal period. Because it was due to no fault on the part of _____, I respectfully request he be allowed to continue his claim at the hearing level.

EXHIBIT NO. 6B
PAGE: 2 OF 2

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 15 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

SIGNATURE OF PERSON MAKING STATEMENT

Signature (First name, middle initial, last name) (Write in ink)	Date (Month, day, year) 5/5/08
SIGN HERE	Telephone Number (Include Area Code)
Mailin	
City	ZIP Code

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the individual must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)

56

I561 SUMMARY

JUNE 11, 2008

The Request for Reconsideration was received by Social Security on January 9, 2008 at 3:40:24 pm.

Claimant's name is [redacted]. The Claimant's mailing address is [redacted].
The Claimant's phone number is ([redacted])

Claimant's Social Security Number is [redacted]

The Claimant disagrees with the determination made on his or her claim and requests reconsideration. The reasons are: DUE TO MY PHYSICAL AND MENTAL CONDITIONS I AM UNABLE TO PERFORM ANY SUBSTANTIAL GAINFUL ACTIVITY. .

The Claimant is represented by [redacted], who is an attorney. If not done so previously, the Claimant will complete and submit form SSA-1696 (Appointment of Representative) . The Representative's address is [redacted]

The Representative's phone number is [redacted] and fax number is [redacted]



Refer To:

Office of Disability Adjudication and Review
Rm 2405 Federal Bldg
700 West Capitol Ave
Little Rock, AR 72201-3227
Tel: (866)592-2549

May 5, 2009

NOTICE OF HEARING

I have scheduled your hearing for:

Day: Wednesday **Date:** May 27, 2009 **Time:** 9:00 AM
Central (CT)

Room: 22 **Address:** Rix Building
1401 Malvern Avenue
Hot Springs, AR 71901

Please Arrive At The Hearing Site Thirty Minutes Early To Review Your File.

Please Bring Photo Identification.

It Is Important That You Come To Your Hearing

I have set aside this time to hear your case. If you do not appear at the hearing and I do not find that you have good cause for failing to appear, I may **dismiss** your request for hearing. I may do so without giving you further notice.

Complete The Enclosed Form

Please complete and return the enclosed acknowledgment form to let me know you received this notice. Use the enclosed envelope to return the form to me within five days of the date you receive this notice. We assume you got this notice five days after the date on it unless you show us that you did not get it within the five-day period.

If You Cannot Come to Your Scheduled Hearing

If you cannot come to your hearing at the time and place I have set, call this office immediately. Also mail in the form right away.

If you object to the set time and place, but do not request a change at the earliest possible opportunity at which you could do so before the time set for the hearing, I will rule on your request based on our standards for deciding if there is a good reason for not timely filing a request and our standards for deciding if there is a good reason for changing the time and place of a scheduled hearing. I will apply these standards in considering any objection to the set time and place that is not timely submitted.

To request a change, you must state why you object to the time or place set. You also must state the time and place you want the hearing held. You must do this in writing.

If I find you have a good reason, I will reschedule the hearing for a time and place I set. I will also mail you another notice at least 20 days before the date of the hearing.

Travel Costs

When you, a representative, or needed witnesses will travel more than 75 miles one way to the hearing, we can pay certain travel costs. I am enclosing a sheet telling about our rules for doing that. Please call me if you want more information.

Issues I Will Consider In Your Case

The hearing concerns your application of October 5, 2007, for Supplemental Security Income (SSI) and whether you may be eligible for SSI as a disabled person under section 1614(a)(3) of the Social Security Act (Act).

Under the Act, I may find you disabled only if you have a physical or mental impairment that:

- has prevented you from doing any substantial gainful work; and
- has lasted 12 straight months or can be expected to last for that time or result in death.

To decide if you are disabled, I will follow a step-by-step process until I can make a decision. The issues in this process concern:

- any work you have done since you got sick;
- the severity of your impairment(s); and
- your ability to do the kind of work you did in the past and, considering your age, education and work experience, any other work that exists in the national economy.

Our regulations explain the rules for deciding if you are disabled and, if so, when you became disabled. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 416, Subpart I.

More About the Issues

If I find that drug addiction and/or alcoholism is an issue, I also will decide whether it is a contributing factor material to the determination of your disability. Further, if drug addiction or alcoholism is a contributing factor material to the determination of your disability, I will find you not disabled pursuant to Sections 223(d)(2) and 1614(a)(3) of the Social Security Act as amended by Pub. L. 104-121.

If you qualify for benefits based on disability, I will also decide if your disability continues. I will consider whether there has been any medical improvement in your impairment(s) or whether one of the exceptions to medical improvement stated in the regulations applies. Unless certain exceptions apply, I will find you still disabled if you have not become able to work.

Remarks

A vocational expert will testify at your hearing.

If You Have Objections

If you object to the issues I have stated, or to any other aspect of the scheduled hearing, you must tell me in writing why you object. You must do this at the earliest possible opportunity before the hearing.

You May Submit Additional Evidence And Review Your File

If there is more evidence you want to submit, get it to me right away. If you cannot get the evidence to me before the hearing, bring it to the hearing. If you want to see your file before the date of the hearing, call this office.

Your Right To Request a Subpoena

I may issue a subpoena that requires a person to submit documents or testify at your hearing. I will issue a subpoena if it is reasonably necessary for the full presentation of your case.

If you want me to issue a subpoena, you must submit a written request. You should submit the request as soon as possible before the hearing. The request must identify the needed documents or witnesses and their location, state the important facts the document or witness is expected to prove, and indicate why you cannot prove these facts without a subpoena.

What Happens At The Hearing

- You may review your file. If you wish to do so, please arrive 30 minutes before the time set for the hearing. Call us if you want more time.
- You will have a chance to testify and tell me about your case.
- You (and your representative) may submit documents, present and question witnesses, state your case, and present written statements about the facts and law.
- I will question you and any other witnesses about the issues. You and any other witnesses must normally testify under oath or affirmation.
- We will make an audio recording of the hearing.

My Decision

After the hearing, I will issue a written decision explaining my findings of fact and conclusions of law. I will base my decision on all the evidence of record, including the testimony at the hearing. I will mail a copy of the decision to you.

If You Have Any Questions

If you have any questions, please call or write this office. Our telephone number and address are shown on the first page of this notice.

Administrative Law Judge

Enclosures:

Form HA-504 (Acknowledgement of Receipt of Notice of Hearing)

Form HA-L84 (Vocational Expert Letter)

cc:



Refer To:

Office of Disability Adjudication and Review
Rm 2405 Federal Bldg
700 West Capitol Ave
Little Rock, AR 72201-3227
Tel: (866)592-2549

May 5, 2009

NOTICE OF HEARING

I have scheduled your hearing for:

Day: Wednesday **Date:** May 27, 2009 **Time:** 9:00 AM
Central (CT)

Room: 22 **Address:** Rix Building
1401 Malvern Avenue
Hot Springs, AR 71901

Please Arrive At The Hearing Site Thirty Minutes Early To Review Your File.

Please Bring Photo Identification.

It Is Important That You Come To Your Hearing

I have set aside this time to hear your case. If you do not appear at the hearing and I do not find that you have good cause for failing to appear, I may **dismiss** your request for hearing. I may do so without giving you further notice.

Complete The Enclosed Form

Please complete and return the enclosed acknowledgment form to let me know you received this notice. Use the enclosed envelope to return the form to me within five days of the date you receive this notice. We assume you got this notice five days after the date on it unless you show us that you did not get it within the five-day period.

If You Cannot Come to Your Scheduled Hearing

If you cannot come to your hearing at the time and place I have set, call this office immediately. Also mail in the form right away.

If you object to the set time and place, but do not request a change at the earliest possible opportunity at which you could do so before the time set for the hearing, I will rule on your request based on our standards for deciding if there is a good reason for not timely filing a request and our standards for deciding if there is a good reason for changing the time and place of a scheduled hearing. I will apply these standards in considering any objection to the set time and place that is not timely submitted.

To request a change, you must state why you object to the time or place set. You also must state the time and place you want the hearing held. You must do this in writing.

If I find you have a good reason, I will reschedule the hearing for a time and place I set. I will also mail you another notice at least 20 days before the date of the hearing.

Travel Costs

When you, a representative, or needed witnesses will travel more than 75 miles one way to the hearing, we can pay certain travel costs. I am enclosing a sheet telling about our rules for doing that. Please call me if you want more information.

Issues I Will Consider In Your Case

The hearing concerns your application of October 5, 2007, for Supplemental Security Income (SSI) and whether you may be eligible for SSI as a disabled person under section 1614(a)(3) of the Social Security Act (Act).

Under the Act, I may find you disabled only if you have a physical or mental impairment that:

- has prevented you from doing any substantial gainful work; and
- has lasted 12 straight months or can be expected to last for that time or result in death.

To decide if you are disabled, I will follow a step-by-step process until I can make a decision. The issues in this process concern:

- any work you have done since you got sick;
- the severity of your impairment(s); and
- your ability to do the kind of work you did in the past and, considering your age, education and work experience, any other work that exists in the national economy.

Our regulations explain the rules for deciding if you are disabled and, if so, when you became disabled. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 416, Subpart I.

More About the Issues

If I find that drug addiction and/or alcoholism is an issue, I also will decide whether it is a contributing factor material to the determination of your disability. Further, if drug addiction or alcoholism is a contributing factor material to the determination of your disability, I will find you not disabled pursuant to Sections 223(d)(2) and 1614(a)(3) of the Social Security Act as amended by Pub. L. 104-121.

If you qualify for benefits based on disability, I will also decide if your disability continues. I will consider whether there has been any medical improvement in your impairment(s) or whether one of the exceptions to medical improvement stated in the regulations applies. Unless certain exceptions apply, I will find you still disabled if you have not become able to work.

Remarks

A vocational expert will testify at your hearing.

If You Have Objections

If you object to the issues I have stated, or to any other aspect of the scheduled hearing, you must tell me in writing why you object. You must do this at the earliest possible opportunity before the hearing.

You May Submit Additional Evidence And Review Your File

If there is more evidence you want to submit, get it to me right away. If you cannot get the evidence to me before the hearing, bring it to the hearing. If you want to see your file before the date of the hearing, call this office.

Your Right To Request a Subpoena

I may issue a subpoena that requires a person to submit documents or testify at your hearing. I will issue a subpoena if it is reasonably necessary for the full presentation of your case.

If you want me to issue a subpoena, you must submit a written request. You should submit the request as soon as possible before the hearing. The request must identify the needed documents or witnesses and their location, state the important facts the document or witness is expected to prove, and indicate why you cannot prove these facts without a subpoena.

What Happens At The Hearing

- You may review your file. If you wish to do so, please arrive 30 minutes before the time set for the hearing. Call us if you want more time.
- You will have a chance to testify and tell me about your case.
- You (and your representative) may submit documents, present and question witnesses, state your case, and present written statements about the facts and law.
- I will question you and any other witnesses about the issues. You and any other witnesses must normally testify under oath or affirmation.
- We will make an audio recording of the hearing.

My Decision

After the hearing, I will issue a written decision explaining my findings of fact and conclusions of law. I will base my decision on all the evidence of record, including the testimony at the hearing. I will mail a copy of the decision to you.

If You Have Any Questions

If you have any questions, please call or write this office. Our telephone number and address are shown on the first page of this notice.

Administrative Law Judge

Enclosures:

Form HA-L32 (Electronic Disability Claims Processing Insert)
Form HA-504 (Acknowledgement of Receipt of Notice of Hearing)
Barcode Sheet
Form HA-L84 (Vocational Expert Letter)

cc:

When we can pay travel expenses

If you must travel more than 75 miles one way from your home or office to attend the hearing, we can pay certain costs. Here are the rules that apply:

- We can pay your transportation expenses such as the cost of a bus ticket or expenses for driving your car.
- In certain circumstances, you may need meals, lodging, or taxicabs. The Administrative Law Judge (ALJ) must approve these special travel costs **before the hearing unless** the costs were unexpected and unavoidable.
- The ALJ may also approve payment of similar travel expenses for your representative and any witnesses he or she determines are needed at the hearing.
- You must submit a written request for payment of travel expenses to the ALJ at the time of the hearing or as soon as possible after the hearing. List what you spent and include supporting receipts. If you requested a change in the scheduled location of the hearing to a location farther from your residence, we cannot pay you for any **additional** travel expenses.
- If you need money for travel costs in advance, you should tell the ALJ as soon as possible **before the hearing**. We can make an advance payment only if you show that without it you would not have the funds to travel to or from the hearing.
- If you receive travel money in advance, you must give the ALJ an itemized list of your actual travel costs and receipts within 20 days after your hearing.
- If we gave you an advance payment that is more than the amount you are due for travel costs, you must pay back the difference within 20 days after we tell you how much you owe us.

Electronic Disability Claims Processing

Social Security is changing from a paper to an electronic disability claims process in order to improve the quality and timeliness of our decisions. Your client's disability claim file is being processed electronically. Your claimant's rights under the Social Security Act remain the same.

When your client's case is exhibited, we will forward a copy of the file to you on a compact disc (CD). We will also provide you a copy of the file on CD on the day of the hearing. Should you require a copy of the file at any other time, please contact the hearing office.

Additional evidence should be submitted within the timeframes for the submission of evidence discussed in the notice. **The preferred way to submit evidence to the electronic folder is by using one of the following three methods:**

- **Send the evidence using the Electronic Records Express (ERE) website. If you have not registered to use the ERE website, contact your local hearing office.**
- **Fax the evidence using this fax number -- (501)324-5008. Remember that the enclosed barcode must be the first page for each document being faxed.**
- **Send the evidence to the contract scanner listed below. The barcode must be the first page of each document. DO NOT SEND ORIGINAL DOCUMENTS. DOCUMENTS ARE NOT RETURNED.**

**Little Rock, AR ODAR
P.O. Box 9034
Mt. Vernon, IL 62864-0134**

You may also send the evidence by mail or deliver it to the hearing office but there may be a delay in associating the evidence with the electronic file.

NOTE: The attached barcode pertains to your client's disability claim file only. Please keep the original barcode sheet for submitting all documents on this case. Bar codes may be used more than once when faxing evidence into the electronic file.

Form Approved
OMB NO. 0960-0671

ACKNOWLEDGEMENT OF RECEIPT (NOTICE OF HEARING) SM
(COMPLETE THIS FORM AND RETURN IT AT ONCE IN THE ENVELOPE PROVIDED. NO POSTAGE IS NECESSARY)

Claimant: [REDACTED]	Social Security Number: 1 [REDACTED]
Wage Earner: [REDACTED]	Administrative Law Judge: Robert L. Neighbors
Hearing Scheduled: Wednesday, May 27, 2009 at 9:00 AM Central (CT)	Hearing Office: Little Rock
Location of Hearing: Room 22 Rix Building 1401 Malvern Avenue Hot Springs, AR 71901	

(Check only one)

I will be present at the time and place shown on the Notice of Hearing. If an emergency arises after I mail this form and I cannot be present, I will immediately notify you at the telephone number shown on the Notice of Hearing.

I cannot be present at the time and place shown on the Notice of Hearing. I request that you reschedule my hearing because:

NOTE: YOUR REQUEST FOR HEARING MAY BE DISMISSED IF YOU DO NOT ATTEND THE HEARING AND CANNOT GIVE A GOOD REASON FOR NOT ATTENDING. THE TIME OR PLACE OF THE HEARING WILL BE CHANGED IF YOU HAVE A GOOD REASON FOR YOUR REQUEST.

Signature: _____	Date: _____	Area Code and Telephone Number: _____
------------------	-------------	---------------------------------------

I have recently moved. My new address is:

Privacy Act Notice The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (c), as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not be able to receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the federal government. The law allows us to do this even if you do not agree to it.

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 1 minute 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 504 (09-2003) ef (10-2004)



SOCIAL SECURITY ADMINISTRATION

EXHIBIT NO. 8B
PAGE: 13 OF 14

Refer To:

Office of Disability Adjudication and Review
Rm 2405 Federal Bldg
700 West Capitol Ave
Little Rock, AR 72201-3227
Tel: (866)592-2549 / Fax: (501)324-7137

May 5, 2009

Dear Ms. [REDACTED]:

The claimant named below has an application pending for disability benefits. A hearing for the claimant is scheduled, date and time shown below.

Name of Claimant: [REDACTED] Birth date: [REDACTED] SSN: [REDACTED]

Date and Time: Wednesday, May 27, 2009 at 9:00 AM Central (CT)

You are requested to appear and give testimony as a vocational expert in the above hearing.

Address: Room 22
Rix Building
1401 Malvern Avenue
Hot Springs, AR 71901

Your testimony will primarily cover the following period:

December 28, 1999 through September 30, 2004.

Your presence throughout the hearing is desired since your testimony will be based, in part, on the testimony given by the claimant and any other witnesses, including a medical advisor if needed. Enclosed are copies of some of the pertinent exhibits (and a list of these exhibits) tentatively selected for inclusion in the record of this case. Please bring this material to the hearing. For additional information concerning your testimony, please see the attachment to this form letter.

Your charges for this service should be submitted in accordance with your contract with the Social Security Administration.

Sincerely yours,

Administrative Law Judge

Enclosures

See Next Page

IMPORTANT INFORMATION

NOTE: IT IS REQUIRED THAT YOU DISQUALIFY YOURSELF IF YOU HAVE HAD ANY PRIOR KNOWLEDGE OF THIS CLAIMANT OR EXPERIENCE IN THIS CASE OTHER THAN AS A VOCATIONAL EXPERT FOR THE OFFICE OF DISABILITY ADJUDICATION AND REVIEW.

While medical factors alone may justify a finding that the claimant is or is not disabled, it is necessary in some cases to consider vocational factors in order to determine whether or not the claimant is able to engage in any substantial gainful activity. Two basic questions will be presented to you at this hearing.

The first question pertains to the kind of work, if any, the claimant can do in light of prior work activity and residual functional capacity considering age, education, training and work experience. Your testimony will be predicated on various assumptions, posed at the hearing, with respect to the claimant's residual functional capacity. You will not be expected to testify as to whether or not the claimant is under a disability, since you do not have the responsibility for deciding this ultimate legal issue. You should not express any opinion regarding the impairments involved and their effects on residual functional capacity, since these are medical matters. You will be requested to furnish a rationale and complete explanation for your opinions. In forming your judgment as to whether or not the claimant could transfer vocational skills to any other type of work, please consider only work which the claimant could perform after a normal period of training, usually given to new employees, rather than after extended vocational rehabilitation.

The second question is whether such work exists in the "national economy;" i.e., whether it exists in significant numbers either in the region where the claimant lives or in several other regions of the country. You should be prepared to testify from personal knowledge gained from vocational surveys of businesses and industries (whether such surveys were made by you or by other vocational experts) and from other current vocational resource materials.

Questions may also be asked of you by the claimant (or representative, if any).

OHA-1 ROOM 460
OFFICE OF HEARINGS & APPEALS
SOCIAL SECURITY ADMINISTRATION
1301 YOUNG ST STE 130
DALLAS TEXAS 75202-5433

REGION: _____
IO CODE: _____
HO: _____

RESUME OF EXPERIENCE AND BACKGROUND-VOCATIONAL EXPERT

(Print Or Type All Entries)

HOME PHONE: (501) _____

TAXPAYER IDENTIFICATION NO.
(SSN OR EIN)

OFFICE PHONE: (501) _____

1. NAME: _____
(LAST) (FIRST) (MIDDLE)

2. MAILING ADDRESS: _____

3. PRESENT EMPLOYMENT

PRESENT EMPLOYER AR Rehab Services DATE EMPLOYMENT BEGAN 10/94

POSITION OR TITLE & DESCRIPTION OF DUTIES Rehab Program Specialist: Work with community rehabilitation programs in the development and implementation of assessment, work adjustment/evaluation and vocational training programs for individuals with disabilities with emphasis on the most severely disabled. (See Resume)

4. PREVIOUS RELEVANT EXPERIENCE

EMPLOYER Rehab for the Blind DATES OF EMPLOYMENT 89-94

POSITION OR TITLE & DESCRIPTION OF DUTIES Program Supervisor: Supervised and monitored provision of rehabilitation services statewide. Interviewed, hired, and trained vocational rehabilitation staff. Monitored program compliance with federal rehabilitation law. (See Resume)

(PLEASE ATTACH CONTINUATION SHEET(S), IF ADDITIONAL SPACE IS REQUIRED.)

RESUME OF EXPERIENCE AND BACKGROUND--VOCATIONAL EXPERT (CONTINUED)

5. EDUCATION

(A)	<u>UNDERGRADUATE INSTITUTION</u> (NAME AND ADDRESS)	<u>DEGREE/DATE</u>	<u>MAJOR SUBJECT</u>	
	Univ. of Mississippi Oxford, MS	BS-70	Business	
	AR Tech University Russellville, AR	BS-85	Accounting	
(B)	<u>GRADUATE INSTITUTION</u> (NAME AND ADDRESS)	<u>DATES OF ATTENDANCE</u>	<u>DEGREE</u>	<u>MAJOR SUBJECT</u>
	Mississippi State Univ. Starkville, MS	72	MED	Rehabilitaion Counseling
	Auburn University Auburn, Alabama	72	Advanced	counseling courses

ARE YOU AN EMPLOYEE OF THE FEDERAL GOVERNMENT? YES NO

IS ANY RELATIVE AN EMPLOYEE OR OFFICER OF THE SOCIAL SECURITY ADMINISTRATION? YES NO

IF YES, WHAT IS THE RELATIONSHIP? _____

DO YOU HAVE A CONTRACT WITH THE FEDERAL GOVERNMENT? YES NO

IF YES, WHAT IS THE NATURE OF THIS CONTRACT? _____

ATTENTION

(PLEASE READ THE FOLLOWING PARAGRAPHS BEFORE SIGNING THIS FORM.)

I UNDERSTAND THAT A FALSE ANSWER TO ANY OF THE ITEMS LISTED ON MY RESUME MAY BE GROUNDS FOR TERMINATING MY BLANKET PURCHASE AGREEMENT. I FURTHER UNDERSTAND THAT FEDERAL LAW (18 U.S.C. 1001) PROVIDES THAT MAKING FALSE OR FRAUDULENT STATEMENTS OR REPRESENTATIONS ON THIS RESUME IS PUNISHABLE BY FINE OR IMPRISONMENT.

I HAVE COMPLETED THIS RESUME WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY AND ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO VERIFICATION, AND CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY PROFESSIONAL CAPABILITIES AND BACKGROUND BY EMPLOYERS, EDUCATIONAL INSTITUTIONS AND OTHER PERSONS TO THE CONTRACTING OFFICER.

CERTIFICATION

I CERTIFY THAT ALL OF THE STATEMENTS MADE BY ME ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

SIGNATURE _____

DATE 08-18-96

RESUME

WORK EXPERIENCE

REHAB PROGRAM SPECIALIST 10-94-Present: Arkansas Rehab Services
Work in conjunction with community rehabilitation programs providing programmatic and technical assistance for certification of rehabilitation programs in compliance with the Rehabilitation Act. Assist in the development of assessment, work evaluation, and vocational training programs for individuals with multiple disabilities. Survey local industry jobs to assess need for potential training programs in specific areas; evaluate existing jobs available that would allow for direct entry without extensive retraining. Public relations activities between community rehabilitation programs, vocational rehabilitation staff, and industry.

PROGRAM SUPERVISOR 1989-1994: Division Services Blind.
Supervise and monitor provision of vocational rehabilitation services statewide with eleven vocational rehabilitation counselors and five youth services counselors. Responsible for maintaining compliance with federal and state regulations. Allocate federal monies for purchase of rehabilitation services statewide. Function as arbitrator for unresolved client/counselor disputes. Also responsible for hiring and training of vocational rehabilitation staff.

REHAB COUNSELOR 1973-1989: AR Rehabilitation Services/
Spinal Cord Commission. Worked a caseload of all disability groups including severely disabled SSDI recipients with ultimate goal of employment. Client population included back injuries, spinal cord injured, alcohol-drug abuse, head injuries, mentally retarded/developmentally delayed, blind/visually impaired and others. Responsibilities included counseling/guidance, vocational assessment, evaluation, arranging feasible training programs, and job placement.

()

Made recommendations to employers on job modifications to allow individuals with disabilities opportunities to transfer skills to new work environment; recommendations on modifications to buildings to reduce architectural barriers and provide access to more job opportunities. Coordinated services between different providers, veterans, workmans compensation, insurance, other agencies and vocational rehabilitation.

OTHER WORK
EXPERIENCE

Machine Operator--Vendo Company, Aurora, Ill.
production line, screw assembly.
Solder--Western Electric, Aurora, Ill.
solder relay wires on production line.
Winder--Ram Golf, Pontotoc, MS
Wound golf balls on production machine, lifting
30-50 lbs. boxes.
Secretary--Allied Enterprises, New Albany, Ms.
Cashier--WalMart, Forest City, AR
Packager--Valmac Industries, Russellville, AR
Package frozen chicken parts on assembly line
Teacher--Capital City Business College, Russellville,
AR. Taught accounting, economics, math.
Other Experience--waitress, janitor, nursing
home aide, grocery store stocker, telemetry
monitor.

EDUCATION

Arkansas Tech University, B.S. Accounting 1985.
Mississippi State University, MED. Rehabilitation
Counseling 1972.
Auburn University, 9 qtr hours advanced counseling
1972.
University of Mississippi, B.S. Business & Commerce
1970.

RELATED
CONTINUED
EDUCATION

Medical Aspects of Disability
Placement of Sheltered Workshop Clients
Seminar/Placement of Severely Disabled
Interpersonal Skills Training
Human Sexuality and Disability
Transactional Analysis
Pain Management
Stress Management
Goal Setting
Psychology of Disability
Burn Out
Med Aspects of Spinal Cord Injury
American Sign Language
Transition of Youth/Disabilities
Arbitration/Intervention Skills
How to Manage People
Motivating People
Grievance Prevention
Executive Leadership
Rehab Act Amendments
Aids in the Workplace
Workers Comp and ADA
Job Placement
Rehab of Persons with Chronic Mental Illness
Basic Dysrhythmia
Wage and Hour Seminar
Crisis Intervention
Traumatic Brain Injury
ARS Training Institute: Focusing on Motivation,
Overcoming and Coping with Learning Disabilities
Bridge to Employment: Changing Role of the
Employment Specialist
Reengineering the Rehab Process
Job Development and Job Accommodation
Employment Strategies for Persons with Mental
Illness
The Changing Face of Leadership
Brain Injury Association Conference
Attention Deficit Disorders
Fair Labor Standards Act Compliance
Work Force Development
Jobs For The Future