

EVALUATION OF REASONABLE FEE FOR REPRESENTATION

Name of Wage Earner or Self-Employed Person _____

Social Security Number _____

Name of Claimant (if other than the wage earner) _____

Type of Claim RSI DIB SSID DIB-SSID OTH

Fee Authorization Admin Review FP Admin Review FA

Representative's Name and Address Attorney Nonattorney
(Include firm's name, if applicable)

Other Representative's Name Attorney Nonattorney

Final Action Level Initial Recon Hearing
 AC Review Court _____

\$ _____ withheld from Claimant Claimant and Auxiliary(ies) Past-due benefits not withheld or inadvertently released

Trust or Escrow Account Amount (if known) _____ Third Party Payment Yes No

Factors Considered (Discuss these factors in rationale)

Services Began _____ Services Ended _____ (Show Dates)

Complexity Routine Complex Substantive Issue _____

Skills Required Minimal Average High Level

Total Time Claimed _____ Total Hearing(s) Time (if held) _____

Results Achieved Favorable Decision Partially Favorable Decision Unfavorable Decision Other _____

Level at Which Representation Began: Initial Reconsideration Hearing AC Review Other _____

Level to Which Representative Took the Claim: Initial Reconsideration Hearing AC Review Other _____

Fee Requested \$ _____ Expenses \$ _____

Claimant Agreed with the Requested Fee Disagreed with the Requested Fee Did Not Comment

Rationale: See POMS GN 03930.105 or HALLEX I-1-2-57 (In ALL cases provide a rationale for arriving at a reasonable fee. The rationale should address the above factors and include a discussion of the representative's services, e.g., relevant evidence submitted, contacts with SSA, timeliness, etc. Use an attachment if necessary.)

ALJ or PC Recommended Fee (Complete only if fee exceeds limit PCs or ALJs can authorize) \$ _____

Evaluated by (if other than the fee authorizer): _____

In the: HO OHA/RO AFB
 ODO NEPSC MATPSC SEPSC
 GLPSC WNPSA MAMPSC OIO

Title _____ Date _____

Fee Authorized by _____

Title _____ Date _____

Authorized Fee \$ _____