SOCIAL SECURITY ADMINISTRATION

TOE 850

Form Approved OMB No. 0960-0104 IMPORTANT INFORMATION ON REVERSE SIDE

PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION	IMPORTANT INFORMATION ON REVERSE SIDE
PAPERWORK/PRIVACY ACT NOTICE: Your response to this request is voluntary, but the Social Security	ity Administration may not

appr	ove any fee unless it receives the information this f value for services you rendered to the claimant nam	orm requests. The	Administrati	on will use the info	rmation to determine	а	
l req	uest approval to charge a fee of		i	(Show the dollar amount			
for s	ervices performed as the representative of	> [
	My Services Began: / /	T	(a) of eleine (-)			
		Year Type	e(s) of claim(s	5)			
Ente	My Services Ended: /	erson on whose Se	ocial Security	record the claim is	s based.		
				//	·		
1.	Itemize on a separate page or pages the services meeting, conference, item of correspondence, tele preparation of a brief, attendance at a hearing, tra this petition the list showing the dates, the descri	phone call, and ot vel, etc., related to ptions of each serv	her activity ir your service vice, the actu	n which you engages as representative	ed, such as research, e in this case. Attach	to	
2.	Have you and your client entered into a fee agree	ment for services b	efore SSA?		YES I	NO	
	If "yes," please specify the amount on which you agreement to this petition.	C	.,	\$	and See attac	hed	
3.	(a) Have you received, or do you expect to receive other than from funds which SSA may be withhol	ding for fee payme	ent?	-	YES I	NO	
	(b) Do you currently hold in a trust or escrow accord payment of your fee?				YES I	NO	
	If "yes" to either or both of the above, please spe Source:	city the source(s) a	and the amou	int(s).	\$		
	Source:				\$		
	Note: If you receive payment(s) after submitting this pet SSA office to which you are sending this petition.	ition, but before the	SSA approves	a fee, you have an a	ffirmative duty to notify	the	
4.	Have you received, or do you expect to receive, re If "yes," please itemize your expenses and the am			incurred?		NO	
5.	Did you render any services relating to this matter	before any State	or Federal co	urt?	YES N	NO	
	If "yes," what fee did you or will you charge for s Please attach a copy of the court order if the cour	ervices in connecti t has approved a f	on with the o ee.	court proceedings? \$			
6.	Have you been disbarred or suspended from a cou attorney?	irt or bar to which	you were pre	eviously admitted to	o practice as an		
7.	Have you been disqualified from participating in o	r appearing before	a Federal pro	gram or agency?	YES NO		
I dec form	are under penalty of perjury that I have examined a s, and it is true and correct to the best of my know	all the information	on this form,	and on any accom	panying statements o)r	
	ature of Representative	Date:	Address (ind	clude Zip Code)			
Firm	with which associated, if any		<u> </u>	Telephone No. and	Area Code		
	e: The following is optional. However, SSA can cor es with the amount you are requesting.]	sider your fee peti	tion more pro	omptly if your clien	t knows and already		
any i	erstand that I do not have to sign this petition or re nformation given, and to ask more questions about orm). I have marked my choice below.	the information gi	ven in this re	quest (as explained	d on the reverse side of	of	
	am not giving up my right to disagree later with t representative to charge and collect.	he total fee amoun <u>OR</u>	t the Social S	Security Administra	-		
	I do not agree with the requested fee or other info write to SSA within 20 days if I have questions o explained on the reverse sides of this form).	ormation given her r if I disagree with	e, or I need n the fee requ	nore time. I unders ested or any inform	tand I must call, visit, nation shown (as	or	
Sign	ature of Claimant			Date			
Add	ress (include Zip Code)			Telephone No. and Area Code			

Any attorney or other representative who wants to charge or collect a fee for services, rendered in connection with a claim before the Social Security Administration (SSA), is required by law to first obtain SSA's approval of the fee [sections 206(a) and 1631(d)(2) of the Social Security Act (42 U.S.C. 406(a) and 1383(d)(2)) and sections 404.1720 and 416.1520 of Social Security Administration Regulations Numbers 4 and 16, respectively.]

The only exceptions are if the fee is for services rendered (1) when a nonprofit organization or government agency pays the fee and any expenses out of funds which a government entity provided or administered and the claimant incurs no liability, directly or indirectly, for the cost of such services and expenses; (2) in an official capacity such as that of legal guardian, committee, or similar court-appointed office and the claimant before a court of law. A representative who has rendered services in a claim before both SSA and a court of law may seek a fee from either or both, but generally neither tribunal has the authority to set a fee for services rendered before the other [42 U.S.C. 406(a) and (b)].

When to File a Fee Petition

The representative should request fee approval only after completing all services (for the claimant and any auxiliaries). The representative has the option to petition either before or after SSA effectuates the determination(s).

In order to receive direct payment of all or any part of an authorized fee from past-due benefits, the attorney representative or non-attorney representative whom SSA has found eligible to receive direct payment should file a request for fee approval, or written notice of intent to file a request **within 60 days** of the date of the notice of the favorable determination is mailed. When there are multiple claims on one account and the attorney or non-attorney will not file the petition within 60 days after the mailing date of the first notice of favorable determination, he or she should file a written notice of intent to file a request for fee approval within the 60-day period.

Where to File the Petition

The representative must first give the "Claimant's Copy" of the SSA-1560-U4 petition to the claimant for whom he or she rendered services, with a copy of each attachment. The representative may then file the original and third carbon copy, the "OHA Copy," of the SSA-1560-U4, and the attachment(s), with the appropriate SSA office:

- If a court or the Appeals Council issued the decision, send the petition to the Office of Hearings and Appeals. Attention: Attorney Fee Branch, 5107 Leesburg Pike, Falls Church, VA 22041-3255.
- If an Administrative Law Judge issued the decision, send the petition to him or her using the hearing office address.
- In all other cases, send the petition to the reviewing office address which appears at the top right of the notice of award or notice of disapproved claim.

Evaluation of a Petition for a Fee

If the claimant has not agreed to and signed the fee petition, SSA does not begin evaluating the request for 30 days. SSA must decide what is a reasonable fee for the services rendered to the claimant, keeping in mind the purpose of the social security or supplemental security income program. When evaluating a request for fee approval, SSA will consider the (1) extent and type of services the representative performed; (2) complexity of the case; (3) level of skill and competence required of the representative in giving the services; (4) amount of time he or she spent on the case; (5) results achieved; (6) levels of review to which the representative took the claim and at which he or she became the representative; and (7) amount of fee requested for services rendered, including any amount authorized or requested before but excluding any amount of expenses incurred.

Form **SSA-1560-U4** (2-2005) EF (12-2009) Destroy Prior Editions

SSA also considers the amount of benefits payable, if any, but authorizes the fee amount based on consideration of all the factors given here. The amount of benefits payable in a claim is determined by specific provisions of law unrelated to the representative's efforts. Also, the amount of past-due benefits may depend on the length of time that has elapsed since the claimant's effective date of entitlement.

Disagreement

SSA notifies both the representative and the claimant of the amount which it authorizes the representative to charge. If either or both disagree, SSA will further review the fee authorization when the claimant or representative sends a letter, explaining the reason(s) for disagreement, to the appropriate office within 30 days after the date of the notice of authorization to charge and receive a fee.

Collection of the Fee

Basic liability for payment of a representative's approved fee rests with However, SSA will assist in fee collection when the the client. representative is an attorney or a non-attorney whom SSA has found eligible to receive direct payment, and SSA awards the claimant benefits under Title II or Title XVI of the Social Security Act. In these cases, SSA generally withholds 25 percent of the claimant's past-due benefits. Once the fee is approved, SSA pays the attorney or the eligible non-attorney from the claimant's withheld funds. This does not mean that SSA will approve as a reasonable fee 25 percent of the past-due benefits. The amount payable to the attorney or eligible non-attorney from the withheld benefits is subject to the assessment required by section 206(d) and 1631(d)(2)(C) of the Social Security Act, and it is also subject to offset by any fee payment(s) the attorney or eligible non-attorney has received or expects to receive from an escrow or trust account. If the approved fee is more than the amount of the withheld benefits, collection of the difference is a matter between the attorney or eligible non-attorney and the client.

SSA will not pay a fee from withheld past-due benefits when the authorized fee is for an attorney or non-attorney who was discharged by the client or who withdrew from representing the client.

Penalty for Charging or Collecting an Unauthorized Fee

Any individual who charges or collects an unauthorized fee for services provided in any claim, including services before a court which has rendered a favorable determination, may be subject to prosecution under 42 U.S.C. 406 and 1383 which provide that such individual, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500, by imprisonment not exceeding one year, or both.

Computer Matching

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.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** To find the nearest office, call **1-800-772-1213 (TTY 1-800-325-0778).** Send <u>only</u> comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

			TOE 850		Form Approved		
PE1	SOCIAL SECURITY ADMINISTRATIONTOL 350OMB No. 0960-01PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATIONIMPORTANT INFORMATION ON REVERSE SIDE						
appr	ERWORK/PRIVACY ACT NOTICE: Your response to ove any fee unless it receives the information this f value for services you rendered to the claimant nam	orm requests. The	e Administra	tion will use the inf	ormation to determine a		
l rec	uest approval to charge a fee of	Fee	\$	(Show the dollar amount)		
for s	services performed as the representative of	→					
	My Services Began: / /	Year Typ	e(s) of claim	(s)			
	My Services Ended: /						
Ente	r the name and the Social Security number of the p	erson on whose S	Social Securi	ty record the claim	is based.		
1.	Itemize on a separate page or pages the services y meeting, conference, item of correspondence, tele preparation of a brief, attendance at a hearing, tra this petition the list showing the dates, the description	phone call, and o vel, etc., related t	ther activity to your servi	in which you engaged ces as representative	jed, such as research, ve in this case. Attach to		
2.	Have you and your client entered into a fee agreer						
	If "yes," please specify the amount on which you agreement to this petition.		.,	\$	and See attache		
3.	(a) Have you received, or do you expect to receive other than from funds which SSA may be withhold	e, any payment to ding for fee paym	ward your fe ent?	ee from any source	YES NO		
	(b) Do you currently hold in a trust or escrow accordance payment of your fee?	ount any amount	of money yo		YES NO		
	If "yes" to either or both of the above, please spec Source:	cify the source(s)	and the amo	ount(s).	\$		
	Source:				\$		
	Note: If you receive payment(s) after submitting this pet SSA office to which you are sending this petition.			-	affirmative duty to notify the		
4.	Have you received, or do you expect to receive, re If "yes," please itemize your expenses and the am			ou incurred?	YES NO		
5.	Did you render any services relating to this matter	before any State	or Federal c	ourt?	YES NO		
	If "yes," what fee did you or will you charge for so Please attach a copy of the court order if the cour	ervices in connec t has approved a	tion with the fee.	court proceedings			
6.	Have you been disbarred or suspended from a cou attorney?	rt or bar to which	i you were p	reviously admitted t	o practice as an		
7.	Have you been disqualified from participating in or	appearing before	a Federal pr	rogram or agency?	YES NO		
	are under penalty of perjury that I have examined a s, and it is true and correct to the best of my know		on this form	n, and on any accom	npanying statements or		
	ature of Representative	Date:	Address (i	nclude Zip Code)			
Firm	with which associated, if any			Telephone No. and	Area Code		
	e: The following is optional. However, SSA can con es with the amount you are requesting.]	sider your fee pet	ition more p	romptly if your clier	nt knows and already		
any i	erstand that I do not have to sign this petition or re nformation given, and to ask more questions about form). I have marked my choice below.						
		representative is he total fee amou OR	asking to ch nt the Social	arge and collect. B Security Administr	y signing this request, I ation authorizes my		
	I do not agree with the requested fee or other info write to SSA within 20 days if I have questions o explained on the reverse sides of this form).	ormation given he	re, or I need n the fee req	more time. I unders uested or any inforr	stand I must call, visit, o nation shown (as		

Signature of Claimant

Address (include Zip Code)

Date

Telephone No. and Area Code

This is a copy of a petition, or request, your representative made to the Social Security Administration (SSA) for approval to charge a fee for services performed in connection with your claim.

If You Have Questions or Disagree Now

If you have questions or if you disagree with the fee requested or any information shown, contact SSA **within 20 days** from the date of this request. You may call or visit your local Social Security office or you may write to the office which last took action in your case.

- Write to the SSA office address which appears at the top right on your notice of award or notice of disapproved claim, unless you know that your claim went to the Appeals Council or an Administrative Law Judge of the Office of Hearings and Appeals.
- If an Administrative Law Judge made the last decision in your case, write to him or her using the hearing office address.
- If the Appeals Council or a court made the last decision in your case, write to the Office of Hearings and Appeals, Attention: Attorney Fee Branch, 5107 Leesburg Pike, Falls Church, VA 22041-3255.

If you decide to call, visit, or write, act quickly so that your questions reach the correct office within 20 days.

For Your Protection

Until you receive notice that SSA has approved a fee, you should not pay your representative unless the payment is held in an escrow or trust account. If you are charged or pay any money after you receive your copy of this petition but before you receive notice of the fee amount your representative may charge, report this to SSA immediately.

What Happens Next

No matter what you may have agreed to in writing, SSA decides how much your representative may charge you for his or her services. SSA must decide what is a reasonable fee for the work your representative did, keeping in mind the purpose of the social security or supplemental security income program. SSA does not automatically approve 25 percent of any past-due benefits as a reasonable fee.

SSA must consider the (1) extent and type of services the representative performed; (2) complexity of your case; (3) level of skill and competence required of your representative in giving the services; (4) amount of time he or she spent on your case; (5) results achieved; (6) levels of review to which the representative took your claim and at which he or she became your representative; and (7) amount of fee he or she requests, including any amount requested or authorized before but excluding any amount of expense incurred.

SSA also considers the amount of benefits payable, if any, but approves a fee amount based on all the factors given here. This is because the amount of benefits payable to you is determined by the law and regulations, not by your representative's efforts. Also, the amount of past-due benefits may depend on the length of time that has gone by since your effective date of entitlement.

What Happens Later

SSA will send you a written notice showing the fee amount your representative may charge you based on this request. If you disagree with the amount approved, you must write to say you disagree and to give your reasons, sending your letter to the SSA office address shown on the "Authorization to Charge and Receive a Fee" within 30 days of the date on that notice. You may disagree with the fee approved, even if you do not disagree now with the fee amount your representative is requesting.

The law and regulations say that part of any past-due social security or supplemental security income benefits payable to you, under Title II or Title XVI of the Social Security Act, must be used toward the payment of your representative's fee if he or she is an attorney or a non-attorney whom SSA has found eligible to receive direct payment. The amount SSA may pay your attorney or eligible non-attorney directly is the **smallest** of the following:

- twenty-five per cent (25%), or one-fourth, of the total past-due benefits payable to you as a result of the claim;
- the fee amount approved; or
- the amount which you and your attorney or eligible non-attorney agreed upon as the fee for his or her services (shown on the reverse in item 2 of this petition).

SSA will not pay a fee to an attorney or non-attorney representative if you discharged the representative or he or she withdrew from representing you.

Form **SSA-1560-U4** (2-2005) EF (12-2009) Destroy Prior Editions

SOCIAL SECURITY ADMINISTRATION

TOE 850

Form Approved
OMB No. 0960-0104
IMPORTANT
INFORMATION ON

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PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION

appro	RWORK/PRIVACY ACT NOTICE: Your response to by any fee unless it receives the information this f alue for services you rendered to the claimant nam	orm requests.	The Admin	istratio	on will use the infor	mation to d	leter	mine a
l req	uest approval to charge a fee of	→ F	ee\$		(SI	how the do	llar a	imount)
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	My Services Began: / / /		ype(s) of c					
<u> </u>	My Services Ended: / /		0 10					
Enter					//			
1.	Itemize on a separate page or pages the services y meeting, conference, item of correspondence, tele preparation of a brief, attendance at a hearing, tra this petition the list showing the dates, the descri	ephone call, and vel, etc., relate ptions of each s	l other act d to your s service, the	ivity in service e actua	n which you engage es as representative	d, such as in this cas	resea e. At	arch, tach to
2.	Have you and your client entered into a fee agreer	ment for service	es before S	SSA?		🗌 YI	ES	NO
	If "yes," please specify the amount on which you agreement to this petition.	-		, ,	\$	and 🗌	See	attached
3.	(a) Have you received, or do you expect to receive other than from funds which SSA may be withhol	ding for fee pay	/ment?		·	🗌 YI	ES	NO
	(b) Do you currently hold in a trust or escrow according payment of your fee?If "yes" to either or both of the above, please specified of the above of the second secon			•••		YI	ES	🗌 NO
	Source:	city the source		amou	11(5).	\$		
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4.	Have you received, or do you expect to receive, re If "yes," please itemize your expenses and the am				incurred?	□ YI	ES	🗌 NO
5.	Did you render any services relating to this matter	before any Sta	ite or Fede	ral cou	urt?	YI	ES	NO
	If "yes," what fee did you or will you charge for s Please attach a copy of the court order if the cour	ervices in conn t has approved	ection with a fee.	n the c	ourt proceedings? \$			
6.	Have you been disbarred or suspended from a cou attorney?	ırt or bar to wh	ich you we	ere pre	viously admitted to	practice as	_	0
7.	Have you been disqualified from participating in or	r appearing befo	ore a Feder	ral proę	gram or agency?	YES [N	10
	are under penalty of perjury that I have examined a s, and it is true and correct to the best of my know		on on this	form,	and on any accomp	panying sta	teme	ents or
	ature of Representative	Date:	Addre	ss (inc	lude Zip Code)			
					•			
Firm	with which associated, if any			T	elephone No. and A	Area Code		
agree	: The following is optional. However, SSA can con s with the amount you are requesting.]							•
any ii	erstand that I do not have to sign this petition or re nformation given, and to ask more questions about orm). I have marked my choice below. I agree with the \$ fee which my	the information	n given in t	this rea	e with the amount o quest (as explained ge and collect. By	on the reve	erse	side of
	am not giving up my right to disagree later with the representative to charge and collect.	he total fee am <u>OR</u>	ount the S	ocial S	Security Administrat	tion authoriz	zes r	ny
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Signa	ature of Claimant				Date			
Addr	ess (include Zip Code)				Telephone No. and	d Area Cod	e	

INSTRUCTIONS FOR USING THIS PETITION

Any attorney or other representative who wants to charge or collect a fee for services, rendered in connection with a claim before the Social Security Administration (SSA), is required by law to first obtain SSA's approval of the fee [sections 206(a) and 1631(d)(2) of the Social Security Act (42 U.S.C. 406(a) and 1383(d)(2)) and sections 404.1720 and 416.1520 of Social Security Administration Regulations Numbers 4 and 16, respectively.]

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Disagreement

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Collection of the Fee

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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.

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l req	uest approval to charge a fee of	ee\$	(S	Show the dollar a	amount)	
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<u> </u>	My Services Ended: /		0.10.1	1.4 1		
Entei				//		
1.	Itemize on a separate page or pages the services meeting, conference, item of correspondence, tele preparation of a brief, attendance at a hearing, tra this petition the list showing the dates, the descri	ephone call, and avel, etc., relate ptions of each	d other activity in ed to your service service, the actua	which you engage s as representative	ed, such as rese e in this case. A	arch, ttach to
2.	Have you and your client entered into a fee agree	ment for servic	es before SSA?		YES	NO NO
	If "yes," please specify the amount on which you agreement to this petition.	0	\$; 	and See	attached
3.	(a) Have you received, or do you expect to receive other than from funds which SSA may be withhol	ding for fee pa	yment?		YES	NO
	(b) Do you currently hold in a trust or escrow accuration payment of your fee?If "yes" to either or both of the above, please specific terms and the second seco				YES	NO NO
	Source:				\$	
	Source:				\$	
	Note: If you receive payment(s) after submitting this pet SSA office to which you are sending this petition.	tition, but before	the SSA approves a	a fee, you have an at	ffirmative duty to	notify the
4.	Have you received, or do you expect to receive, r If "yes," please itemize your expenses and the am	nounts on a sep	arate page.		YES	NO
5.	Did you render any services relating to this matter	r before any Sta	ate or Federal cou	ırt?	YES	NO NO
	If "yes," what fee did you or will you charge for s Please attach a copy of the court order if the cour	ervices in conn t has approved	ection with the c a fee.	ourt proceedings? \$		
6.	Have you been disbarred or suspended from a cou attorney?	ırt or bar to wh	ich you were pre [,]	viously admitted to		10
7.	Have you been disqualified from participating in o	r appearing bef	ore a Federal prog	gram or agency?	YES N	10
	are under penalty of perjury that I have examined as and it is true and correct to the best of my know		ion on this form,	and on any accom	panying stateme	ents or
	ature of Representative	Date:	Address (inc	lude Zip Code)		
Firm	with which associated, if any	1	Т	elephone No. and	Area Code	
	: The following is optional. However, SSA can cor s with the amount you are requesting.]	nsider your fee	petition more pro	mptly if your client	t knows and alre	ady
any i	erstand that I do not have to sign this petition or re nformation given, and to ask more questions about orm). I have marked my choice below.	equest. It is my the informatio	right to disagree n given in this rec	with the amount o quest (as explained	of the fee reques d on the reverse	sted or side of
	I agree with the \$fee which my am not giving up my right to disagree later with t representative to charge and collect.	representative he total fee am OR	is asking to char ount the Social S	ge and collect. By ecurity Administra	/ signing this req ation authorizes i	uest, I ny
	I do not agree with the requested fee or other inf write to SSA within 20 days if I have questions of explained on the reverse sides of this form).	ormation given	here, or I need m vith the fee reque	ore time. I unders ested or any inform	tand I must call, nation shown (as	visit, or
Sign	ature of Claimant			Date		
Addr	ress (include Zip Code)			Telephone No. ar	nd Area Code	

INSTRUCTIONS FOR USING THIS PETITION

Any attorney or other representative who wants to charge or collect a fee for services, rendered in connection with a claim before the Social Security Administration (SSA), is required by law to first obtain SSA's approval of the fee [sections 206(a) and 1631(d)(2) of the Social Security Act (42 U.S.C. 406(a) and 1383(d)(2)) and sections 404.1720 and 416.1520 of Social Security Administration Regulations Numbers 4 and 16, respectively.]

The only exceptions are if the fee is for services rendered (1) when a nonprofit organization or government agency pays the fee and any expenses out of funds which a government entity provided or administered and the claimant incurs no liability, directly or indirectly, for the cost of such services and expenses; (2) in an official capacity such as that of legal guardian, committee, or similar court-appointed office and the claimant before a court of law. A representative who has rendered services in a claim before both SSA and a court of law may seek a fee from either or both, but generally neither tribunal has the authority to set a fee for services rendered before the other [42 U.S.C. 406(a) and (b)].

When to File a Fee Petition

The representative should request fee approval only after completing all services (for the claimant and any auxiliaries). The representative has the option to petition either before or after SSA effectuates the determination(s).

In order to receive direct payment of all or any part of an authorized fee from past-due benefits, the attorney representative or non-attorney representative whom SSA has found eligible to receive direct payment should file a request for fee approval, or written notice of intent to file a request **within 60 days** of the date of the notice of the favorable determination is mailed. When there are multiple claims on one account and the attorney or non-attorney will not file the petition within 60 days after the mailing date of the first notice of favorable determination, he or she should file a written notice of intent to file a request for fee approval within the 60-day period.

Where to File the Petition

The representative must first give the "Claimant's Copy" of the SSA-1560-U4 petition to the claimant for whom he or she rendered services, with a copy of each attachment. The representative may then file the original and third carbon copy, the "OHA Copy," of the SSA-1560-U4, and the attachment(s), with the appropriate SSA office:

- If a court or the Appeals Council issued the decision, send the petition to the Office of Hearings and Appeals. Attention: Attorney Fee Branch, 5107 Leesburg Pike, Falls Church, VA 22041-3255.
- If an Administrative Law Judge issued the decision, send the petition to him or her using the hearing office address.
- In all other cases, send the petition to the reviewing office address which appears at the top right of the notice of award or notice of disapproved claim.

Evaluation of a Petition for a Fee

If the claimant has not agreed to and signed the fee petition, SSA does not begin evaluating the request for 30 days. SSA must decide what is a reasonable fee for the services rendered to the claimant, keeping in mind the purpose of the social security or supplemental security income program. When evaluating a request for fee approval, SSA will consider the (1) extent and type of services the representative performed; (2) complexity of the case; (3) level of skill and competence required of the representative in giving the services; (4) amount of time he or she spent on the case; (5) results achieved; (6) levels of review to which the representative took the claim and at which he or she became the representative; and (7) amount of fee requested for services rendered, including any amount authorized or requested before but excluding any amount of expenses incurred.

Form **SSA-1560-U4** (2-2005) EF (12-2009) Destroy Prior Editions

SSA also considers the amount of benefits payable, if any, but authorizes the fee amount based on consideration of all the factors given here. The amount of benefits payable in a claim is determined by specific provisions of law unrelated to the representative's efforts. Also, the amount of past-due benefits may depend on the length of time that has elapsed since the claimant's effective date of entitlement.

Disagreement

SSA notifies both the representative and the claimant of the amount which it authorizes the representative to charge. If either or both disagree, SSA will further review the fee authorization when the claimant or representative sends a letter, explaining the reason(s) for disagreement, to the appropriate office within 30 days after the date of the notice of authorization to charge and receive a fee.

Collection of the Fee

Basic liability for payment of a representative's approved fee rests with However, SSA will assist in fee collection when the the client. representative is an attorney or a non-attorney whom SSA has found eligible to receive direct payment, and SSA awards the claimant benefits under Title II or Title XVI of the Social Security Act. In these cases, SSA generally withholds 25 percent of the claimant's past-due benefits. Once the fee is approved, SSA pays the attorney or the eligible non-attorney from the claimant's withheld funds. This does not mean that SSA will approve as a reasonable fee 25 percent of the past-due benefits. The amount payable to the attorney or eligible non-attorney from the withheld benefits is subject to the assessment required by section 206(d) and 1631(d)(2)(C) of the Social Security Act, and it is also subject to offset by any fee payment(s) the attorney or eligible non-attorney has received or expects to receive from an escrow or trust account. If the approved fee is more than the amount of the withheld benefits, collection of the difference is a matter between the attorney or eligible non-attorney and the client.

SSA will not pay a fee from withheld past-due benefits when the authorized fee is for an attorney or non-attorney who was discharged by the client or who withdrew from representing the client.

Penalty for Charging or Collecting an Unauthorized Fee

Any individual who charges or collects an unauthorized fee for services provided in any claim, including services before a court which has rendered a favorable determination, may be subject to prosecution under 42 U.S.C. 406 and 1383 which provide that such individual, upon conviction thereof, shall for each offense be punished by a fine not exceeding \$500, by imprisonment not exceeding one year, or both.

Computer Matching

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.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** To find the nearest office, call **1-800-772-1213 (TTY 1-800-325-0778).** Send <u>only</u> comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.