Report of Contact
(Use Ink or Typewriter)

Account Number and Symbol
T II:_____
T XVI:_____
XR SSN:_____

Name of Wage Earner or SE Person

FOLDER SEARCH

PLEASE SHOW THE DATE, CONTACT, AND RESULT OF THE ACTIONS YOU TAKE

I searched in my office per DI 40525.070 Date:_____ Result: _____

I contacted jurisdictional FO per DI 40525.070 Date:_____ Contact _____
Result:

I requested the folder from FRC, if applicable, per DI 40625.070A Date:_____ Result:

I requested a "special search" for the T2 medical folder from Megasite/Caves.
Date:_____Result:_____

QUERIES OBTAINED: (if applicable)
[ ] CATS [ ] DDSQ [ ] FACT [ ] SSID
[ ] NUMI [ ] OHAQ [ ] PCACS [ ] OFFLINE CCTL
[ ] QRSL [ ] CDRCF Query and Worksheet
[ ] MCS/MSSICS Development Screens [ ] MDW Development Screens
[ ] MSSICS/MCS WMS History Queries [ ] MSSICS WMS SSI Case Data Query

[ ] I considered helpful hints section in DI 13015.080C when trying to locate missing file.

[ ] DUPLICATE FOLDER PREPARED (Update the CDRCF FOLDER RECONSTRUCTION field to an "L").

COMMENTS:

SIGNATURE		
PSC (Name, Address, & Code)	▯ ODIO ▯ NEPSC ▯ MATPSC ▯ SEPSC ▯ GLPSC ▯ WNPSC ▯ MAMPSC ▯ OTHER	Date of Report: _____ Page __ of __

Form SSA-5002