

N20 Checklist

[POMS SI 02301.235](#)

Originating FO:		Claimant Name		Related Cases:	
CS/CTE Unit Code:		Claimant SSN			

Instructions: Complete all sections below and sign the checklist before obtaining signoff from management for all N20 suspensions. Items in bold text are mandatory in all cases.

Notice Information:

Is this case related to a CDR?	<input type="checkbox"/> Yes	<input type="checkbox"/> If YES , check DCF for the notice dates and prepare RPOC as per DI 13015.005A
Are all notices stored in ORS or CFRMS/EF?	<input type="checkbox"/> No	<input type="checkbox"/> YES, continue.
	<input type="checkbox"/> No	<input type="checkbox"/> If no, all notices scanned to NDRED/EF? Continue

Initial Written Request	<input checked="" type="checkbox"/>	Initial Written Notice Type:
DATE: _____		SSTNG Notice (SSA-L3074 and SSA-L3075)
Select all notices that apply		CDR Notice
		SSA-L8202-F4-INST (Important Facts about your SSI)
		SSA-L8009-U2 (SSI Request for Information)
		Notice gave at least 30 calendar days for response

Initial Evidence Request	<input checked="" type="checkbox"/>	Initial Evidence Type (If evidence/proofs needed)
DATE: _____		MSSICS Evidence Request Cover Notice
Select all notices that apply		SSA-L8202-F4-INST (Important Facts about your SSI)
		SSA-L8009-U2 (SSI Request for Information)
		Not Applicable (i.e., failed to keep RZ appointment, or return CDR forms)
		30 calendar days was given

Was the mail returned undeliverable? If NO, continue. If **YES**, STOP! N20 is not appropriate.

Follow-up Request	<input checked="" type="checkbox"/>	Follow-up Notice Request
DATE: _____		Phone Follow-up Completed; DROC/5002 in File
		Mail Follow-up Completed with 15 calendar days given
		Followed Special Handling Procedures in DI 13005.025D.2 (CDRs)

Capability	<input checked="" type="checkbox"/>	Developmental Issue:
Select at least one		Custodial Parent (if SSIDC)/Legal Guardian is Payee
		Beneficiary Capable
		Is Change of Payee Necessary? If YES , STOP. If NO , continue N20 Development

Other	<input checked="" type="checkbox"/>	Developmental Issue:
		Voluntary Termination (N19) discussed if claimant/payee no longer wishes to receive
		All efforts to locate, contact & obtain information have been exhausted
		Is N05 Suspension more appropriate? If Yes, STOP! See SI 02301.220

Technician Approval	<input checked="" type="checkbox"/>	Technician Approval
		Create DROC/RPOC to document N20 Suspension See DI 13015.005A for CDR RPOC
		Signature: _____ Date: _____
Management Approval (MSS or Above)	<input checked="" type="checkbox"/>	Management Approval (MSS or Above)
		Verify that all necessary documentation has been completed per POMS SI 02301.235
		Create DROC/RPOC to document N20 Suspension
		Confirm that fully signed N20 Checklist is stored in NDRED
		Signature: _____ Date: _____