

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 Administration may not approve any fee unless it receives the information this form requests. The Administration will use the information to determine a fair value for services you rendered to the claimant named below, as provided in section 206 of the Social Security Act (42 U.S.C. 406).

I request approval to charge a fee of \_\_\_\_\_ for services performed as the representative of \_\_\_\_\_ My Services Began: \_\_\_/\_\_\_/\_\_\_ My Services Ended: \_\_\_/\_\_\_/\_\_\_ Fee \$ (Show the dollar amount) Mr. Mrs. Ms. Type(s) of claim(s)

Enter the name and the Social Security number of the person on whose Social Security record the claim is based \_\_\_\_\_

- 1. Itemize on a separate page or pages the services you rendered before the Social Security Administration (SSA). List each meeting, conference, item of correspondence, telephone call, and other activity in which you engaged, such as research, preparation of a brief, attendance at a hearing, travel, etc., related to your services as representative in this case. Attach to this petition the list showing the dates, the descriptions of each service, the actual time spent in each, and the total hours.
2. Have you and your client entered into a fee agreement for services before SSA? If "yes," please specify the amount on which you agreed, and attach a copy of the agreement to this petition.
3. (a) Have you received, or do you expect to receive, any payment toward your fee from any source other than from funds which SSA may be withholding for fee payment? (b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee?
4. Have you received, or do you expect to receive, reimbursement for expenses you incurred? If "yes," please itemize your expenses and the amounts on a separate page.
5. Did you render any services relating to this matter before any State or Federal court? If "yes," what fee did you or will you charge for services in connection with the court proceedings? Please attach a copy of the court order if the court has approved a fee.

I certify that the information above, and on the attachment(s), is true and correct to the best of my knowledge and belief. I also certify that I have furnished a copy of this petition and the attachment(s) to the person(s) for whom I performed the services. I understand that failure to comply with Social Security laws and regulations pertaining to representation may result in suspension or disqualification from practice before SSA, the imposition of criminal penalties, or both.

Signature of Representative Date Address (include Zip Code) Firm with which associated, if any Telephone No. and Area Code

[Note: The following is optional. However, SSA can consider your fee petition more promptly if your client knows and already agrees with the amount you are requesting.]

I understand that I do not have to sign this petition or request. It is my right to disagree with the amount of the fee requested or any information given, and to ask more questions about the information given in this request (as explained on the reverse side of this form). I have marked my choice below.

- I agree with the \$ \_\_\_\_\_ fee which my representative is asking to charge and collect. By signing this request, I am not giving up my right to disagree later with the total fee amount the Social Security Administration authorizes my representative to charge and collect. OR I do not agree with the requested fee or other information given here, or I need more time. I understand I must call, visit, or write to SSA within 20 days if I have questions or if I disagree with the fee requested or any information shown (as explained on the reverse sides of this form).

Signature of Claimant Date Address (include Zip Code) Telephone No. and 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)); section 413(b) of the Black Lung Benefits Act (30 U.S.C. 923(b)); and sections 404.1720, 410.686b, and 416.1520 of Social Security Administration Regulations Numbers 4, 10, 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 court has approved the fee in question; or (3) in representing 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 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 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, black lung, 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.

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 the client. However, SSA will assist in fee collection when the representative is an attorney and SSA awards the claimant benefits under Title II of the Social Security Act or Title IV of the Federal Coal Mine Health and Safety Act of 1969, as amended. In these cases, SSA generally withholds 25 per cent of the claimant's past-due benefits. Once the fee is approved, SSA pays the attorney from the claimant's withheld funds. **This does not mean that SSA will approve as a reasonable fee 25 per cent of the past-due benefits.** The amount that is payable to the attorney from the withheld benefits is subject to the assessment required by section 206(d) of the Social Security Act, and it is also subject to offset by any fee payment(s) the 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 and 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. These penalties do not apply to fees for services performed before a court in supplemental security income claims because section 1383 provides no controls over such fees.

### 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.

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

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 Administration may not approve any fee unless it receives the information this form requests. The Administration will use the information to determine a fair value for services you rendered to the claimant named below, as provided in section 206 of the Social Security Act (42 U.S.C. 406).

I request approval to charge a fee of \_\_\_\_\_ for services performed as the representative of \_\_\_\_\_ My Services Began: \_\_\_ / \_\_\_ / \_\_\_ My Services Ended: \_\_\_ / \_\_\_ / \_\_\_ Fee \$ (Show the dollar amount) Mr. Mrs. Ms. Type(s) of claim(s)

Enter the name and the Social Security number of the person on whose Social Security record the claim is based \_\_\_\_\_

- 1. Itemize on a separate page or pages the services you rendered before the Social Security Administration (SSA). List each meeting, conference, item of correspondence, telephone call, and other activity in which you engaged, such as research, preparation of a brief, attendance at a hearing, travel, etc., related to your services as representative in this case. Attach to this petition the list showing the dates, the descriptions of each service, the actual time spent in each, and the total hours.
2. Have you and your client entered into a fee agreement for services before SSA? If "yes," please specify the amount on which you agreed, and attach a copy of the agreement to this petition.
3. (a) Have you received, or do you expect to receive, any payment toward your fee from any source other than from funds which SSA may be withholding for fee payment? (b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee?
4. Have you received, or do you expect to receive, reimbursement for expenses you incurred? If "yes," please itemize your expenses and the amounts on a separate page.
5. Did you render any services relating to this matter before any State or Federal court? If "yes," what fee did you or will you charge for services in connection with the court proceedings? Please attach a copy of the court order if the court has approved a fee.

I certify that the information above, and on the attachment(s), is true and correct to the best of my knowledge and belief. I also certify that I have furnished a copy of this petition and the attachment(s) to the person(s) for whom I performed the services. I understand that failure to comply with Social Security laws and regulations pertaining to representation may result in suspension or disqualification from practice before SSA, the imposition of criminal penalties, or both.

Signature of Representative Date Address (include Zip Code) Firm with which associated, if any Telephone No. and Area Code

[Note: The following is optional. However, SSA can consider your fee petition more promptly if your client knows and already agrees with the amount you are requesting.]

I understand that I do not have to sign this petition or request. It is my right to disagree with the amount of the fee requested or any information given, and to ask more questions about the information given in this request (as explained on the reverse side of this form). I have marked my choice below.

- I agree with the \$ \_\_\_\_\_ fee which my representative is asking to charge and collect. By signing this request, I am not giving up my right to disagree later with the total fee amount the Social Security Administration authorizes my representative to charge and collect. OR I do not agree with the requested fee or other information given here, or I need more time. I understand I must call, visit, or write to SSA within 20 days if I have questions or if I disagree with the fee requested or any information shown (as explained on the reverse sides of this form).

Signature of Claimant Date Address (include Zip Code) Telephone No. and Area Code

## WHAT YOU SHOULD KNOW

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, black lung, or supplemental security income program. **SSA does not automatically approve 25 per cent of any past-due benefits as a reasonable fee.** SSA

must consider the (1) extent and type of services your 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 your 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 expenses 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 black lung benefits payable to you, under Title II of the Social Security Act or under Part B of Title IV of the Federal Coal Mine Health and Safety Act of 1969, as amended, must be used toward the payment of your representative's fee if he or she is an attorney at law. The amount SSA may pay your 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
- the fee amount approved; or
- the amount which you and your attorney agreed upon as the fee for his or her services (shown on the reverse in item 2 of this petition).

The law does not permit SSA to pay representatives directly for services provided in connection with a claim for supplemental security income, under Title XVI of the Social Security Act.

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 Administration may not approve any fee unless it receives the information this form requests. The Administration will use the information to determine a fair value for services you rendered to the claimant named below, as provided in section 206 of the Social Security Act (42 U.S.C. 406).

I request approval to charge a fee of \_\_\_\_\_ for services performed as the representative of \_\_\_\_\_ My Services Began: \_\_\_/\_\_\_/\_\_\_ My Services Ended: \_\_\_/\_\_\_/\_\_\_ Fee \$ (Show the dollar amount) Mr. Mrs. Ms. Type(s) of claim(s)

Enter the name and the Social Security number of the person on whose Social Security record the claim is based \_\_\_\_\_

- 1. Itemize on a separate page or pages the services you rendered before the Social Security Administration (SSA). List each meeting, conference, item of correspondence, telephone call, and other activity in which you engaged, such as research, preparation of a brief, attendance at a hearing, travel, etc., related to your services as representative in this case. Attach to this petition the list showing the dates, the descriptions of each service, the actual time spent in each, and the total hours.
2. Have you and your client entered into a fee agreement for services before SSA? If "yes," please specify the amount on which you agreed, and attach a copy of the agreement to this petition.
3. (a) Have you received, or do you expect to receive, any payment toward your fee from any source other than from funds which SSA may be withholding for fee payment? (b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee?
4. Have you received, or do you expect to receive, reimbursement for expenses you incurred? If "yes," please itemize your expenses and the amounts on a separate page.
5. Did you render any services relating to this matter before any State or Federal court? If "yes," what fee did you or will you charge for services in connection with the court proceedings? Please attach a copy of the court order if the court has approved a fee.

I certify that the information above, and on the attachment(s), is true and correct to the best of my knowledge and belief. I also certify that I have furnished a copy of this petition and the attachment(s) to the person(s) for whom I performed the services. I understand that failure to comply with Social Security laws and regulations pertaining to representation may result in suspension or disqualification from practice before SSA, the imposition of criminal penalties, or both.

Signature of Representative Date Address (include Zip Code) Firm with which associated, if any Telephone No. and Area Code

[Note: The following is optional. However, SSA can consider your fee petition more promptly if your client knows and already agrees with the amount you are requesting.]

I understand that I do not have to sign this petition or request. It is my right to disagree with the amount of the fee requested or any information given, and to ask more questions about the information given in this request (as explained on the reverse side of this form). I have marked my choice below.

- I agree with the \$ \_\_\_\_\_ fee which my representative is asking to charge and collect. By signing this request, I am not giving up my right to disagree later with the total fee amount the Social Security Administration authorizes my representative to charge and collect. OR I do not agree with the requested fee or other information given here, or I need more time. I understand I must call, visit, or write to SSA within 20 days if I have questions or if I disagree with the fee requested or any information shown (as explained on the reverse sides of this form).

Signature of Claimant Date Address (include Zip Code) Telephone No. and 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)); section 413(b) of the Black Lung Benefits Act (30 U.S.C. 923(b)); and sections 404.1720, 410.686b, and 416.1520 of Social Security Administration Regulations Numbers 4, 10, 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 court has approved the fee in question; or (3) in representing 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 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 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, black lung, 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.

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 the client. However, SSA will assist in fee collection when the representative is an attorney and SSA awards the claimant benefits under Title II of the Social Security Act or Title IV of the Federal Coal Mine Health and Safety Act of 1969, as amended. In these cases, SSA generally withholds 25 per cent of the claimant's past-due benefits. Once the fee is approved, SSA pays the attorney from the claimant's withheld funds. **This does not mean that SSA will approve as a reasonable fee 25 per cent of the past-due benefits.** The amount that is payable to the attorney from the withheld benefits is subject to the assessment required by section 206(d) of the Social Security Act, and it is also subject to offset by any fee payment(s) the 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 and 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. These penalties do not apply to fees for services performed before a court in supplemental security income claims because section 1383 provides no controls over such fees.

### 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.

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.

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 Administration may not approve any fee unless it receives the information this form requests. The Administration will use the information to determine a fair value for services you rendered to the claimant named below, as provided in section 206 of the Social Security Act (42 U.S.C. 406).

I request approval to charge a fee of \_\_\_\_\_ for services performed as the representative of \_\_\_\_\_ My Services Began: \_\_\_/\_\_\_/\_\_\_ My Services Ended: \_\_\_/\_\_\_/\_\_\_ Fee \$ (Show the dollar amount) Mr. Mrs. Ms. Type(s) of claim(s)

Enter the name and the Social Security number of the person on whose Social Security record the claim is based \_\_\_\_\_

- 1. Itemize on a separate page or pages the services you rendered before the Social Security Administration (SSA). List each meeting, conference, item of correspondence, telephone call, and other activity in which you engaged, such as research, preparation of a brief, attendance at a hearing, travel, etc., related to your services as representative in this case. Attach to this petition the list showing the dates, the descriptions of each service, the actual time spent in each, and the total hours.
2. Have you and your client entered into a fee agreement for services before SSA? If "yes," please specify the amount on which you agreed, and attach a copy of the agreement to this petition.
3. (a) Have you received, or do you expect to receive, any payment toward your fee from any source other than from funds which SSA may be withholding for fee payment? (b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee?
4. Have you received, or do you expect to receive, reimbursement for expenses you incurred? If "yes," please itemize your expenses and the amounts on a separate page.
5. Did you render any services relating to this matter before any State or Federal court? If "yes," what fee did you or will you charge for services in connection with the court proceedings? Please attach a copy of the court order if the court has approved a fee.

I certify that the information above, and on the attachment(s), is true and correct to the best of my knowledge and belief. I also certify that I have furnished a copy of this petition and the attachment(s) to the person(s) for whom I performed the services. I understand that failure to comply with Social Security laws and regulations pertaining to representation may result in suspension or disqualification from practice before SSA, the imposition of criminal penalties, or both.

Signature of Representative Date Address (include Zip Code) Firm with which associated, if any Telephone No. and Area Code

[Note: The following is optional. However, SSA can consider your fee petition more promptly if your client knows and already agrees with the amount you are requesting.]

I understand that I do not have to sign this petition or request. It is my right to disagree with the amount of the fee requested or any information given, and to ask more questions about the information given in this request (as explained on the reverse side of this form). I have marked my choice below.

- I agree with the \$ \_\_\_\_\_ fee which my representative is asking to charge and collect. By signing this request, I am not giving up my right to disagree later with the total fee amount the Social Security Administration authorizes my representative to charge and collect. OR I do not agree with the requested fee or other information given here, or I need more time. I understand I must call, visit, or write to SSA within 20 days if I have questions or if I disagree with the fee requested or any information shown (as explained on the reverse sides of this form).

Signature of Claimant Date Address (include Zip Code) Telephone No. and 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)); section 413(b) of the Black Lung Benefits Act (30 U.S.C. 923(b)); and sections 404.1720, 410.686b, and 416.1520 of Social Security Administration Regulations Numbers 4, 10, 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 court has approved the fee in question; or (3) in representing 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 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 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, black lung, 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.

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 the client. However, SSA will assist in fee collection when the representative is an attorney and SSA awards the claimant benefits under Title II of the Social Security Act or Title IV of the Federal Coal Mine Health and Safety Act of 1969, as amended. In these cases, SSA generally withholds 25 per cent of the claimant's past-due benefits. Once the fee is approved, SSA pays the attorney from the claimant's withheld funds. **This does not mean that SSA will approve as a reasonable fee 25 per cent of the past-due benefits.** The amount that is payable to the attorney from the withheld benefits is subject to the assessment required by section 206(d) of the Social Security Act, and it is also subject to offset by any fee payment(s) the 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 and 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. These penalties do not apply to fees for services performed before a court in supplemental security income claims because section 1383 provides no controls over such fees.

### 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.

**The Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 30 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.