

UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

FACT SHEET FOR SOCIAL SECURITY APPEALS: PLAINTIFF

(For each item, cite specific page of record)

Case Name: _____

1. Type of application: _____

2. Date of application: _____

3. Disability onset date: _____

4. Date of expiration of Insured Status: _____

5. Vocational factors: _____

Year of Birth: _____ Age: _____ (at time of hearing)

Education (last grade completed): _____

Past work experience: _____

Last date worked and job held: _____

6. Basis of ALJ's decision: _____

(nonsevere impairment, ability to return to prior work, Grid, vocational testimony, etc.)

7. If claim is based on a specific injury, specify injury:

8. If claim is based on disease(s), specify disease(s):

***During your argument, please refer to specific medical reports relied upon as clinical support for disability. ***