

IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

Fact Sheet for Social Security Appeals: Plaintiff

Case Name: _____

Case No. _____

1. Type of application(s)*: _____

2. Date of application*: _____

3. Disability onset date*: _____

4. Date of expiration of insured status*: _____

5. Vocational factors:

Date of birth*: _____ Age*: _____ (at time of hearing)

Education (last grade completed)*: _____

Past work experience*: _____

Last work experience*: _____

6. Basis of ALJ's decision*: _____

(E.g., nonsevere impairment, ability to perform past relevant work, grid, vocational testimony)

7. If the plaintiff bases the claim on a specific injury, state the specific injury*: _____

8. If the plaintiff bases the claim on a medical condition or disease, specify the condition or disease*: _____

9. If the plaintiff bases the claim on the opinion of a treating physician, summarize the opinion as it relates to the disability claimed only*: _____

Case Name: _____

Case No.: _____

FACTS - HEARING TESTIMONY		
Page No.	Witness	Details

Case Name: _____

Case No.: _____

Reports, opinions, or notes of physicians/professionals:		
Physician's/Professional's Name: _____		
Specialty: _____		
Classification: _____ Treating		
_____ Examining		
_____ Records Review Only		
Page No.	Date	Observation

Case Name: _____

Case No.: _____

Reports of medical tests:			
Page No.	Date	Test Performed	Results/Conclusion

Case Name: _____

Case No.: _____

Other medical evidence:			
Page No.	Date	Description	Details