

IN THE UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

| | | |
|----------------------------|---|-----------------------------|
| STEPHANIE STEIGERWALD, |) | CASE NO.: 1:17-CV-1516 |
| |) | |
| Plaintiff, |) | JUDGE JAMES S. GWIN |
| |) | MAGISTRATE JUDGE DAVID RUIZ |
| v. |) | |
| |) | |
| NANCY A. BERRYHILL, ACTING |) | |
| COMMISSIONER OF SOCIAL |) | |
| |) | |
| Defendants. |) | |

DECLARATION OF JANET WALKER

I, Janet Walker, pursuant to 28 U.S.C. § 1746 and in lieu of an affidavit, do hereby make the following declaration and state:

1. I am the Associate Commissioner of the Office of Public Service and Operations Support (“OPSOS”), which is a component of the Office of Operations of the Social Security Administration (“SSA”). I have been so employed since August 8, 2016. I have been employed by SSA since January 6, 1986.
2. In such capacity, I have become familiar with the Social Security records of Stephanie Lynn Steigerwald.
3. Ms. Steigerwald applied for Social Security Disability Insurance benefits under title II of the Social Security Act (“Act”) and Supplemental Security Income payments under title XVI of the Act on June 17, 2009, alleging [REDACTED].
4. On July 15, 2014, an administrative law judge (“ALJ”) found that [REDACTED]. A true and correct copy of the July 15, 2014 Notice of Decision, with redactions for privacy, is attached hereto as Ex. A1.

5. In the July 15, 2014 Notice of Decision, the ALJ did not approve Ms. Steigerwald's fee agreement with her attorney representative, Kirk B. Roose, because it sought more than the lesser of 25 percent of past-due benefits or \$6,000. Ex. A1.
6. On August 29, 2014, SSA sent Ms. Steigerwald and Mr. Roose a Notice of Award of Title XVI benefits. A true and correct copy of the August 29, 2014 Notice of Award of Title XVI benefits, with redactions for privacy, is attached hereto as Ex. A2.
7. On December 7, 2014, SSA sent Ms. Steigerwald and Mr. Roose a Notice of Award of Title II benefits. A true and correct copy of the December 7, 2014 Notice of Award of Title II benefits, with redactions for privacy, is attached hereto as Ex. A3.
8. The December 7, 2014 Notice of Award of Title II benefits stated that SSA was withholding \$17,059.25 from Ms. Steigerwald's past-due benefits to pay potential attorneys' fees. Ex. A3.
9. On November 28, 2014, SSA sent Ms. Steigerwald a Notice of Planned Action indicating that Ms. Steigerwald was no longer eligible for Title XVI benefits and payments would stop in January 2015. A true and correct copy of the November 28, 2014 Notice of Planned Action, with redactions for privacy, is attached hereto as Ex. A4.
10. On February 23, 2015, SSA processed the windfall offset action. Windfall offset prevents an individual receiving retroactive Title II and Title XVI benefits from receiving a greater benefit than she would have received had the Title II benefits been paid in the months in which they were due.
11. On March 1, 2015, SSA sent Ms. Steigerwald a Notice of Change in Benefits. A true and correct copy of the March 1, 2015 Notice of Change in Benefits, with redactions for privacy, is attached hereto as Ex. A5.
12. The March 1, 2015 Notice of Change in Benefits explained that the next check SSA

would send to Ms. Steigerwald would be for [REDACTED] which would include her retroactive Title II benefits through February 2015. Ex. A5. The Title II retroactive benefits through February 2015 accounted for the windfall offset performed on February 23, 2015.

13. On April 20, 2015, SSA received a fee petition, dated January 23, 2015, from Kirk B. Roose seeking \$17,059.25 in attorneys' fees. A true and correct copy of the Request, with redactions for privacy, is attached hereto as Ex. A6.
14. On November 24, 2015, SSA received an inquiry from Mr. Roose regarding the status of the fee petition. A true and correct copy of the November 24, 2015 Inquiry, with redactions for privacy, is attached hereto as Ex. A7.
15. On January 22, 2016, SSA sent an Authorization to Charge and Collect a Fee to Mr. Roose and a copy to Ms. Steigerwald. A true and correct copy of the January 22, 2016 Authorization to Charge and Collect a Fee, with redactions for privacy, is attached hereto as Ex. A8.
16. The January 22, 2016 Authorization to Charge and Collect a Fee authorized Mr. Roose to collect a fee of \$10,000. Ex. A8.
17. The January 22, 2016 Authorization to Charge and Collect a Fee included a notice entitled "Information Concerning the Fee Authorization." Ex. A8.
18. On March 23, 2016, Mr. Roose sought review of the amount of the fee authorized before the Regional Chief Administrative Law Judge. A true and correct copy of the March 23, 2106 Letter, with redactions for privacy, is attached hereto as Ex. A9.
19. On March 28, 2016, SSA sent Ms. Steigerwald and Mr. Roose a Notice of Change in Benefits. A true and correct copy of the March 28, 2016 Notice of Change in Benefits, with redactions for privacy, is attached hereto as Ex. A10.

20. The March 28, 2016 Notice of Change in Benefits informed Ms. Steigerwald that \$10,000 in attorneys' fees were being paid to Mr. Roose out of the \$17,059.25 in benefits SSA withheld. Ex. A10.
21. On May 26, 2016, the Office of the Regional Chief Administrative Law Judge sent the ALJ, Mr. Roose, and Ms. Steigerwald a letter informing them that the ALJ and Ms. Steigerwald could comment on Mr. Roose's request for review of his fee petition. True and correct copies of the letters, with redactions for privacy, are attached hereto as Ex. A11.
22. On August 31, 2016, SSA sent an Order of the Regional Chief Judge Authorization to Charge and Collect a Fee Following Administrative Review to Mr. Roose and Ms. Steigerwald. A true and correct copy of the August 31, 2016 Order, with redactions for privacy, is attached hereto as Ex. A12.
23. The Regional Chief Judge authorized Mr. Roose to charge and collect a fee of \$13,500. Ex. A12.
24. On September 12, 2016, SSA sent a notice entitled Important Information to Mr. Roose informing him that SSA was withholding \$3,559.25 from Ms. Steigerwald's past-due benefits and inquiring whether he had petitioned to the District Court for the Northern District of Ohio for a fee for his services before the Court. A true and correct copy of the September 12, 2016 Important Information, with redactions for privacy, is attached hereto as Ex. A13.
25. On February 6, 2017, SSA sent Ms. Steigerwald a Notice of Change in Benefits indicating that she would receive \$3,559.25, the remainder of the \$17,059.25 SSA withheld to pay attorneys' fees. A true and correct copy of the February 6, 2017 Notice of Change in Benefits, with redactions for privacy, is attached hereto as Ex. A14.

26. On November 6, 2017, SSA recalculated Ms. Steigerwald's windfall offset to account for the attorneys' fees incurred in obtaining Title II benefits.
27. Based on the November 6, 2017 recalculation of the windfall offset to include attorneys' fees, on November 7, 2017, SSA paid an underpayment in the amount of, \$5,392.08 to Ms. Steigerwald via direct deposit. Notice of the payment was sent to the Plaintiff and her attorney representative. A true and correct copy of the underpayment notice sent on November 12, 2017, with redactions for privacy, is attached hereto as Ex. A15.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 29th day of November, 2017

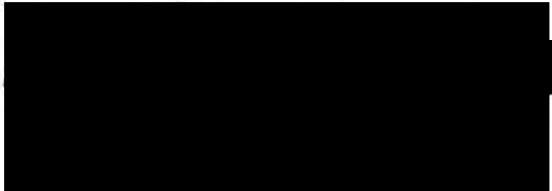
A large black rectangular redaction box covering the signature and name of the declarant.

Exhibit A1



SOCIAL SECURITY ADMINISTRATION

Refer To: [REDACTED]

Office of Disability Adjudication and Review
SSA, ODAR, Hearing Ofc
Skylight Office Tower
5th Floor
1660 W. Second Street
Cleveland, OH 44113

Date: July 15, 2014

Stephanie Lynn Steigerwald
[REDACTED]
[REDACTED]

Notice of Decision – Fully Favorable

I carefully reviewed the facts of your case and made the enclosed fully favorable decision. Please read this notice and my decision.

Another office will process my decision and decide if you meet the non-disability requirements for Supplemental Security Income payments. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

If You Disagree With My Decision

If you disagree with my decision, you or your representative may submit written exceptions to the Appeals Council. "Written exceptions" are your statements explaining why you disagree with my decision. Please put the Social Security number shown above on any written exceptions you send.

Please send your written exceptions to:

**Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255**

If you need help, you may file in person at any Social Security or hearing office.

Time Limit To File Written Exceptions (30 Days)

You must file your written exceptions with the Appeals Council **within 30 days** of the date you get this notice. The Appeals Council assumes that you got this notice within 5 days after the date of the notice unless you show that you did not get it within the 5-day period.

If you need more time to file your written exceptions, you must file a written request with the

Appeals Council. You must file the request for an extension within 30 days of the date you get this notice. If you request more than 30 days, you must explain why you need the extra time. The Appeals Council will decide whether to grant your request for more than a 30-day extension.

How Written Exceptions Work

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. The Appeals Council's action may be more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J) and Part 416 (Subpart N).

The Appeals Council may:

- Find that there is no reason to change my decision,
- Dismiss your case,
- Return your case to me or another administrative law judge for a new decision, or
- Issue its own decision.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council does not change my decision, my decision will become the final decision after remand. Any future claim you file will not change a final decision on this claim if the facts and issues are the same.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not file written exceptions. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

Filing An Action In Federal District Court

If you do not file written exceptions and the Appeals Council does not review my decision on its own, my decision will become final on the 61st day following the date of this notice. After my decision becomes final, you will have 60 days to file a new civil action in Federal district court. You will lose the right to a court review if you do not file a civil action during the 60-day period starting with the day my decision becomes final. However, you can ask the Appeals Council to give you more time to file a civil action. The Appeals Council will grant your request for more time only if you can show a good reason for needing more time. We will not send you any more notices about your right to file in Federal district court.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

Stephanie Lynn Steigerwald [REDACTED]

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If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is (866)415-0172. Its address is:

Social Security Adm
221 W 5th St
Lorain, OH 44052-9965

Pamela E. Loesel
Administrative Law Judge

Enclosures:
Form HA-L21 (Fee Agreement Denial)
Decision Rationale

cc: Kirk B. Roose
Roose & Ressler
6150 Park Square Dr
Suite A
Lorain, OH 44053-4143

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

ORDER OF ADMINISTRATIVE LAW JUDGE

IN THE CASE OF

Stephanie Lynn Steigerwald
(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability, Disability Insurance
Benefits, and Supplemental Security Income

[REDACTED]
(Social Security Number)

I do not approve the fee agreement between you and your representative because:

The fee agreement sets a fee that is more than the lesser of 25 percent of the past-due benefits or \$6,000.

HOW TO ASK US TO REVIEW THE FEE AGREEMENT DETERMINATION

You or your representative can ask us to review the determination on the fee agreement. If you decide to ask us for a review, write us within 15 days from the day you get this order. Tell us that you disagree and give your reasons. Send your request to this address:

Social Security Administration
Office of the Regional Chief Judge
SSA ODAR Regional Ofc
Suite 2901
200 W Adams Street
Chicago, IL 60606-5234

Your representative also has 15 days to write us if he or she does not agree with the determination on the fee agreement.

You should include the social security number(s) shown on this order on any papers you send us.

Stephanie Lynn Steigerwald [REDACTED]

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AUTHORIZING A REPRESENTATIVE'S FEE UNDER THE FEE PETITION PROCESS

If neither you nor your representative requests review, your representative must file a fee petition if he or she wants to charge and collect a fee. Form SSA-1560 (Petition to Obtain Approval of a Fee for Representing a Claimant before the Social Security Administration) can be used by your representative for this purpose.

/s/ Pamela E. Loesel

Pamela E. Loesel
Administrative Law Judge

July 15, 2014

Date

**SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review**

DECISION

IN THE CASE OF

Stephanie Lynn Steigerwald
(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability, Disability Insurance
Benefits, and Supplemental Security Income

[REDACTED]
(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

This case is before the undersigned on remand from the Appeals Council pursuant to a remand from the United States District Court for the Northern District of Ohio.

On June 17, 2009, the claimant filed concurrent applications for a period of disability, disability insurance benefits, and supplemental security income under Titles II and XVI of the Social Security Act. The Disability Determination Service denied both claims initially on September 3, 2009, and upon reconsideration, on March 2, 2010 (Exhs. 1B; 2B; 6B; 7B). In the interim on September 24, 2009, the claimant contracted for the legal services of Kirk B. Roose, Esq., an attorney, in connection with the representation of her concurrent claims (Exhs. 4B; 5B). Thereafter, the claimant filed a request for hearing before an Administrative Law Judge on May 3, 2010 (Exh. 8B).

On March 25, 2011, Administrative Law Judge C. Howard Prinsloo held a video hearing (20 CFR 404.963(c) and 416.1436(c)) (Exh. 5A, p. 4). The claimant appeared in Cleveland, Ohio, and Judge Prinsloo presided over the hearing from St. Louis, Missouri (Exh. 5A). [REDACTED] an impartial vocational expert, also participated in the hearing. Mr. Roose, an attorney, represented the claimant.

In a decision dated April 22, 2011, Judge Prinsloo found [REDACTED]
[REDACTED]

The claimant appealed this unfavorable decision to the Appeals Council who denied the claimant's request for review of Judge Prinsloo's decision, by affirming it on September 13, 2012 (Exh. 6A).

Subsequently, the claimant appealed Judge Prinsloo's unfavorable decision to the U.S. District Court of the Northern District of Ohio. On September 23, 2013, the District Court vacated Judge Prinsloo's decision and remanded the claimant's concurrent applications for further proceedings (Exh. 11A). In its Sentence 4 Remand Order, the District Court ordered the Administrative Law

Judge [REDACTED]

[REDACTED] (Exh. 11A, p. 11). On January 14, 2014, the Appeals Council vacated Judge Prinsloo's decision and remanded the claimant's concurrent applications for a new hearing in accordance with the District Court's Remand Order (Exh. 12A).

On May 21, 2014, the undersigned held a video hearing (20 CFR 404.936(c) and 416.1436(c)). The claimant appeared in Lorain, Ohio, and the undersigned presided over the hearing from Cleveland, Ohio. [REDACTED] an impartial vocational expert and board-certified rehabilitation counselor, also appeared in person and testified at the hearing in Cleveland, Ohio (Exh. 21B). Kirk B. Roose, an attorney, continues to represent the claimant (*see* Exhs. 3B; 4B).

During the appellate process of Judge Prinsloo's unfavorable decision, the claimant filed another application for a period of disability and disability insurance benefits on November 21, 2012 (Exh. 10D). The Disability Determination Service denied this subsequent application initially on March 15, 2013, and, upon reconsideration on December 20, 2013 (Exhs. 15B; 16B; 17B). As discussed, on September 23, 2013, the United States District Court vacated Judge Prinsloo's unfavorable decision and remanded the claimant's concurrent applications from 2009 for a new hearing as stated in its Sentence Four remand order (Exh. 11A; *see also* Exh. 12A, adapting the District Court's Remand Order). Accordingly, the undersigned has consolidated the claimant's 2012 application for Title II disability benefits with her 2009 applications. This foregoing decision reflects this consolidation of the claimant's various applications.

The claimant is alleging [REDACTED].

ISSUES

The issue is whether the claimant is disabled under sections 216(i), 223(d) and 1614(a)(3)(A) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

With respect to the claim for a period of disability and disability insurance benefits, there is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social

[REDACTED]
claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

After careful review of the entire record, the undersigned finds [REDACTED]
[REDACTED] The undersigned also finds that the insured status requirements of the Social Security Act were met as of the date disability is established.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is disabled (20 CFR 404.1520(a) and 416.920(a)). The steps are followed in order. If it is determined that the claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the undersigned must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b) and 416.920(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. If an individual engages in SGA, she is not disabled regardless of how severe her physical or mental impairments are and regardless of her age, education, or work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the undersigned must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c) and 416.920(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. If the claimant does not have a severe medically determinable impairment or combination of impairments, she is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, the undersigned must determine whether the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, 404.1526, 416.920(d), 416.925, and 416.926). If the claimant's impairment or combination of impairments is of a severity to meet or medically equal the criteria of a listing and meets the duration requirement (20 CFR 404.1509 and 416.909), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the undersigned must first determine the claimant's residual functional capacity (20 CFR 404.1520(e) and 416.920(e)). An individual's residual functional capacity is her ability to do physical and mental work activities on a sustained basis despite limitations from her impairments. In making this finding, the undersigned must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e), 404.1545, 416.920(e), and 416.945; SSR 96-8p).

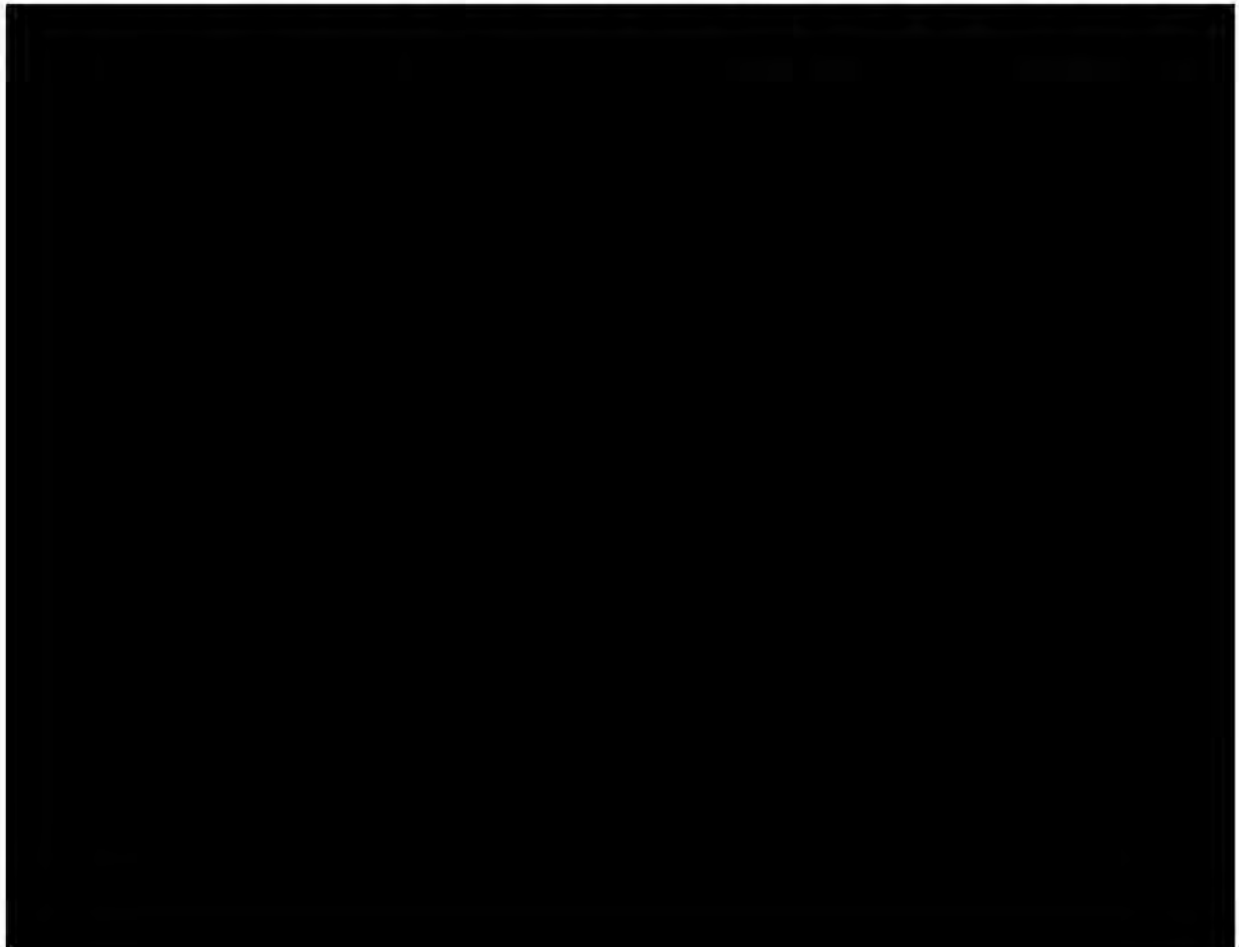
Next, the undersigned must determine at step four whether the claimant has the residual functional capacity to perform the requirements of her past relevant work (20 CFR 404.1520(f) and 416.920(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b), 404.1565, 416.960(b) and 416.965). If the claimant has the residual functional capacity to do her past relevant work, the claimant is not disabled. If the claimant is unable to do

any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g) and 416.920(g)), the undersigned must determine whether the claimant is able to do any other work considering her residual functional capacity, age, education, and work experience. If the claimant is able to do other work, she is not disabled. If the claimant is not able to do other work and meets the duration requirement, she is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(g), 404.1560(c), 416.912(g) and 416.960(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, the undersigned makes the following findings:



Stephanie Lynn Steigerwald [REDACTED]

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[REDACTED]

4. The claimant [REDACTED]

[REDACTED]

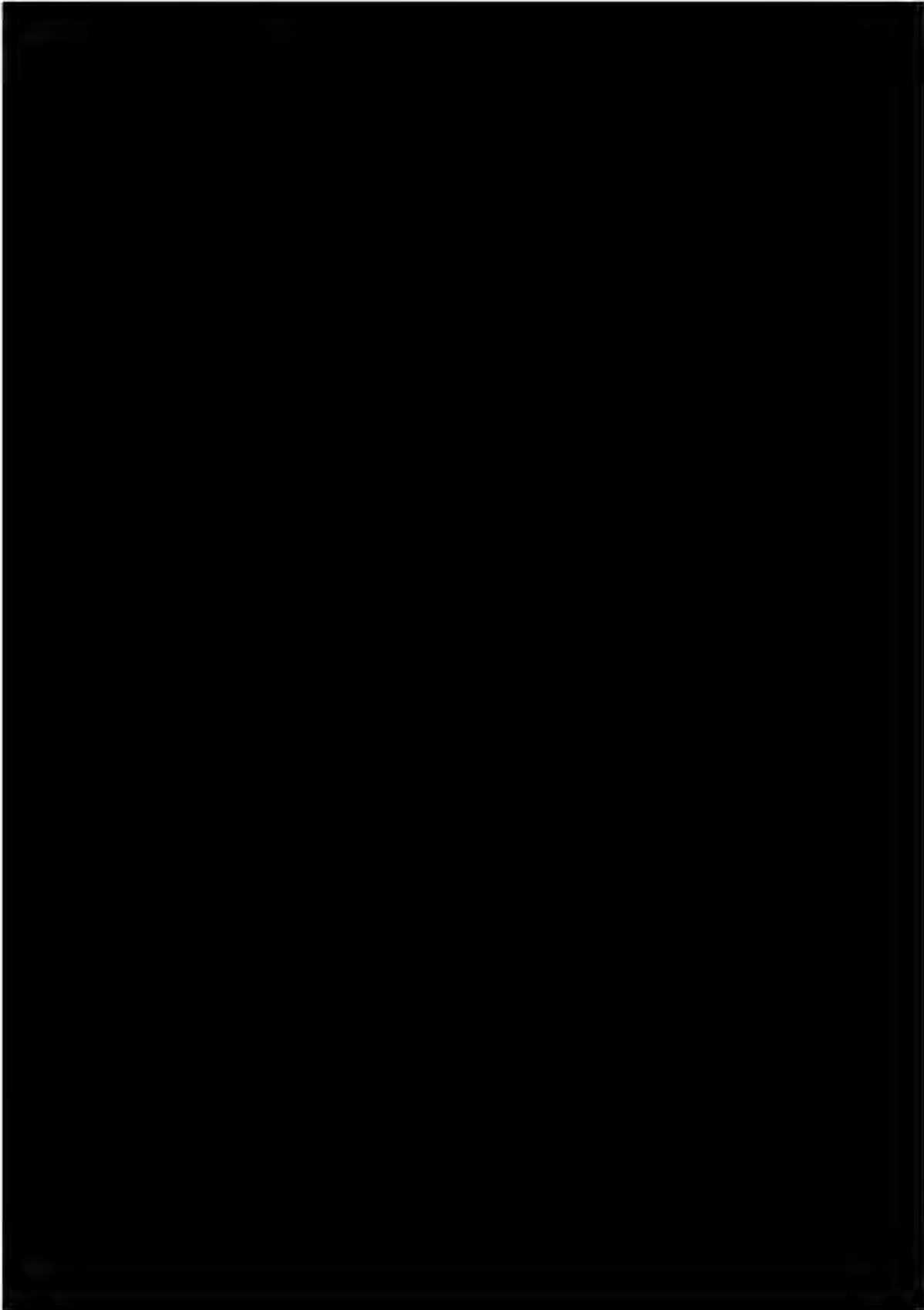
[REDACTED]

[REDACTED]

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Stephanie Lynn Steigerwald [REDACTED]

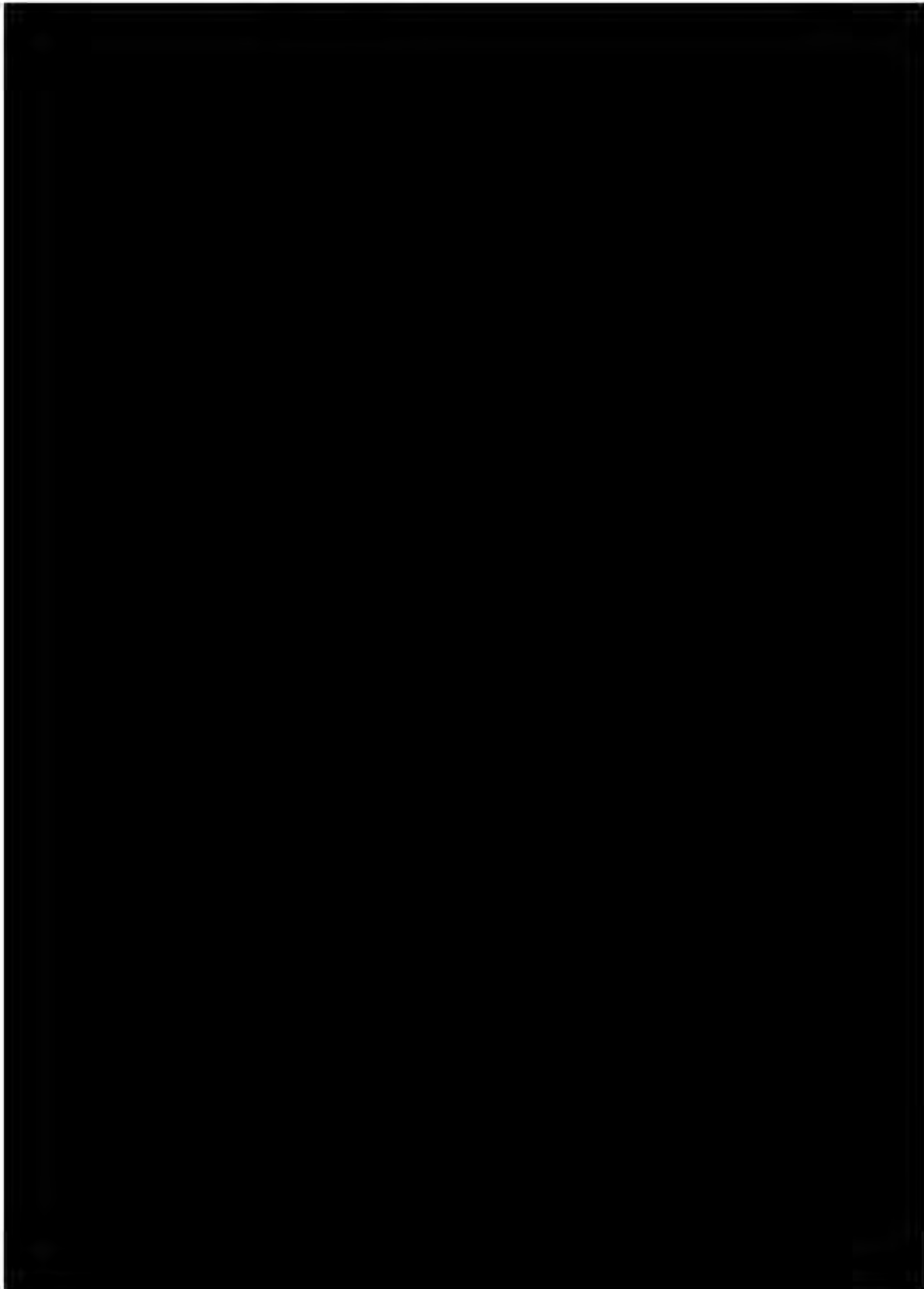
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Stephanie Lynn Stengerwald [REDACTED]

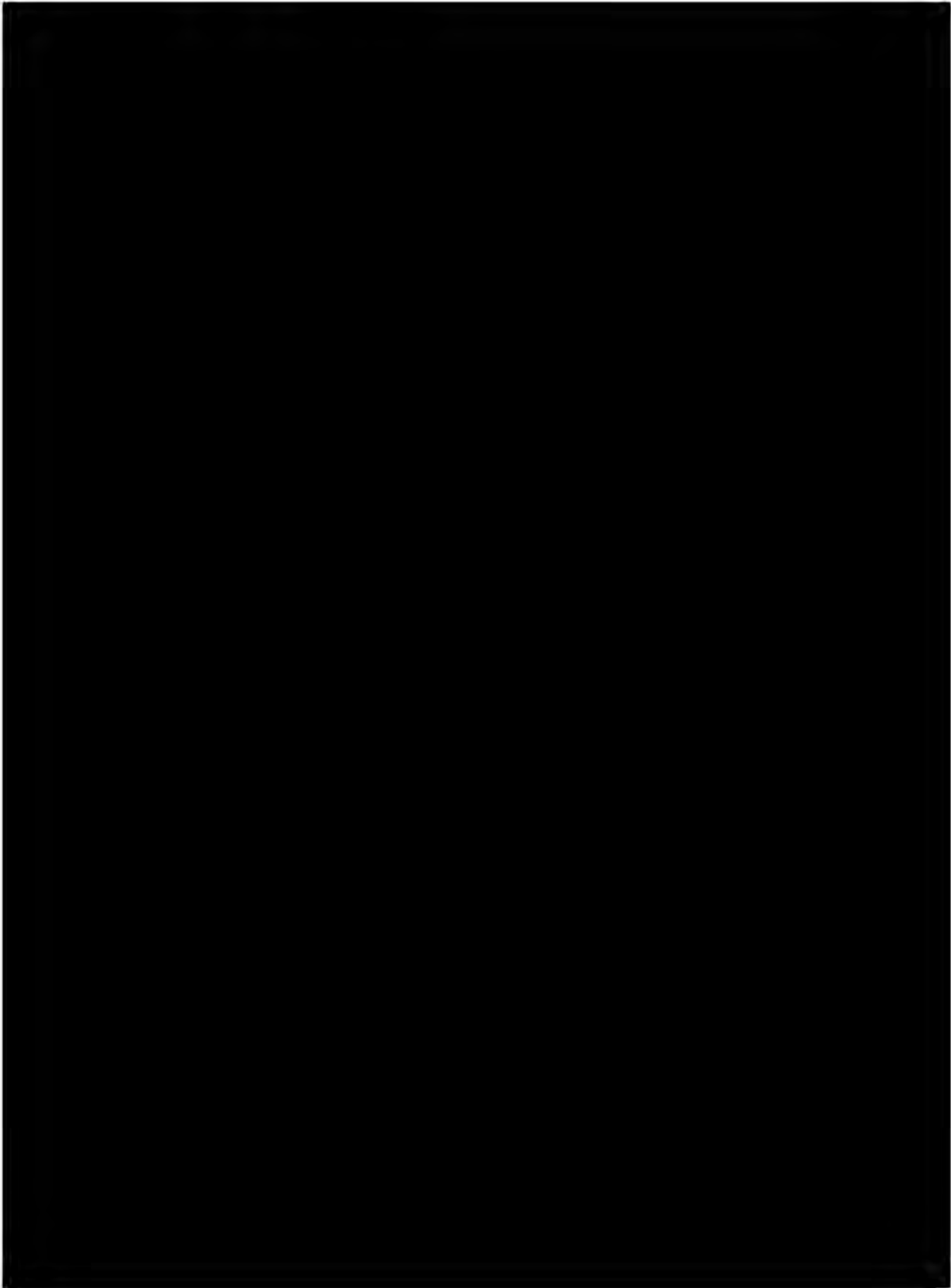
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Stephanie Lynn Steigerwald [REDACTED]

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See Next Page

[REDACTED]

6. The claimant [REDACTED]

[REDACTED]

[REDACTED]

Stephanie Lynn Steigerwald [REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

See Next Page

Stephanie Lynn Steigerwald [REDACTED]

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10. Considering the claimant's [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

11. The claimant has [REDACTED]
[REDACTED]

DECISION

Based on the application for a period of disability and disability insurance benefits filed on June 17, 2009, the claimant [REDACTED]
[REDACTED]

Based on the application for supplemental security income filed on June 17, 2009, the claimant [REDACTED]

The component of the Social Security Administration responsible for authorizing supplemental security income will advise the claimant regarding the nondisability requirements for these payments and, if the claimant is eligible, the amount and the months for which payment will be made.

See Next Page

Stephanie Lynn Steigerwald [REDACTED]

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(s) *Pamela E. Loesel*

Pamela E. Loesel
Administrative Law Judge

July 15, 2014

Date

Exhibit A2

Social Security Administration

Supplemental Security Income

Notice of Award

SOCIAL SECURITY ADM
221 W 5TH ST
LORAIN OH 44052

Date: August 29, 2014

Claim Number: [REDACTED]

391 14S1697J11190



STEPHANIE LYNN STEIGERWALD

On July 15, 2014, we made a decision on the request for hearing that you filed on a Supplemental Security Income (SSI) claim dated June 17, 2009. The decision was that [REDACTED]

The rest of this letter explains your current monthly payment, your back payments, how we figured your payment amount, information about Medicaid, your reporting responsibilities, and your appeal rights.

Your Current Monthly Payment

Your current monthly payment is [REDACTED] for September 2014. This amount will continue unless there is a change in the information we use to determine your SSI eligibility and payment amount.

Your Back Payments

| From | Through | Monthly Payment Amount | Total |
|--------------------------------|------------|---------------------------|------------|
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| Total Back Payments Due To You | | | [REDACTED] |

See Next Page

08/29/2014

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We explain how we figured the monthly payment amounts on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment.

Information About Your Back Payments

- We owe you back SSI payments of [REDACTED]. Because of the large amount, the law says we cannot pay all of the money in one lump sum. Instead, we must pay it in up to three installments, six months apart.
- When the back SSI payments are at least 3 times the maximum monthly payment, including any money the State tells us to pay its residents, we generally must pay this money in installments. Usually, this amount is also the limit for what we can pay in the first and second installment payments. If a third installment is needed, it will be for the balance of the back payments after we have paid the first and second installments.
- Your bank or other financial institution should have received the first installment payment of [REDACTED] by August 26, 2014.

We will send another letter in 6 months when we send the next installment.

Getting More of the Back Payments Right Away

In the following situations, you may be able to get larger installment payments or get your back payments more quickly.

- We can pay all of the back payments at once to a person who:
 - is not eligible for SSI now and it appears that he or she will not be eligible for the 12 months after we first wrote to him or her about the back payments, or
 - has a terminal illness and is not expected to live beyond 12 months.
- We can pay a larger installment payment amount to a person who has certain debts or expenses. We can increase the installment by the amount of:
 - current debts related to food; clothing; shelter; medicine; or medically necessary services, supplies, or equipment.
 - current or expected expenses in the near future for medicine; or medically necessary services, supplies, or equipment; or the purchase of a home.

08/29/2014

The person must not be eligible to have the debts or expenses paid by anyone else. This includes any local, State, or Federal agency, and private arrangements with a person or business, such as an insurance company.

If either of these situations applies to you, you should call us right away at the telephone number shown at the end of this letter.

When You Will Receive Your Payments

- Your bank or other financial institution should have received a payment of [REDACTED] by August 26, 2014. This payment covers [REDACTED]. Your bank or other financial institution should have also received your monthly payment of [REDACTED] by September 5, 2014.
- Your bank or other financial institution will receive your next monthly payment of [REDACTED] around October 1, 2014, and on the first of each month after that.

Information Used To Determine Your Payments

We based the decision on these facts:

- You meet all the rules to be eligible for SSI beginning June 17, 2009. Our rules do not allow us to pay SSI until the month after you first meet all of our eligibility rules. Therefore, the first month we can pay you is [REDACTED].
- You were found [REDACTED].
- SSI is a Federal program. However, some States give us money to add to the SSI payments. When you are eligible for SSI, payments may include Federal money, State money, or both.
- The amount of SSI we pay depends on your living arrangements. Your living arrangements are where you live, with whom you live, and how your food and shelter expenses are paid. Based on the information we have, your Federal living arrangement is:

-- Category B for [REDACTED]

Please see the enclosed "Fact Sheet on SSI Federal Living Arrangement Categories" for a description of this Federal living arrangement category and others.

- You were living in [REDACTED].
- The amount of money we pay you from the State where you live depends on its rules.

You are living in [REDACTED] We do not pay money for the [REDACTED]

08/29/2014

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- To get SSI, your countable resources must not be more than the allowable limit of \$2,000.00 for 2009 on. Your resources that we count are \$ [REDACTED]. The enclosed fact sheet called "Resources - What You Need To Know" explains how we count your resources.
- We use income to figure your eligibility and payments. By law, we use different rules to count your income based on what kind of income you have and when you receive it.
- You have monthly income which must be considered in figuring your payment as follows:

The food and shelter you got in someone else's home or apartment. We value that food and shelter at [REDACTED]

How Installment Payments May Affect Your SSI Eligibility

Based on our rules, you are not eligible for SSI for any month in which you have resources over \$2,000.00. We do not count SSI installment payments as resources until 9 months after they are received.

Any part of your SSI installment payment of [REDACTED] that you still have on [REDACTED], will count as a resource. If this money brings your total resources to more than \$2,000.00, you will not be eligible for SSI.

Information About Medicaid

The application you filed with us is not an application for medical assistance: Medicaid. If you need medical assistance or have any questions about your eligibility for Medicaid, you should get in touch with the County Welfare Department.

Basic Rules For Determining SSI Payment

The SSI amount you get may not be the same each month. It depends on the following:

- The Federal benefit rate: The Federal benefit rate is the most SSI money the law allows us to pay.
 - In 2014 the monthly Federal benefit rate is \$721.00.
 - In 2013 the monthly Federal benefit rate was \$710.00.
 - In 2012 the monthly Federal benefit rate was \$698.00.
 - In 2011 the monthly Federal benefit rate was \$674.00.

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- In 2010 the monthly Federal benefit rate was \$674.00.
- In 2009 the monthly Federal benefit rate was \$674.00.
- Your living arrangements: where you live, with whom you live, and how your living expenses are paid.
- The State where you live: Some States give us money to add to SSI payments. The amount of money we pay you from the State where you live depends on its rules.
- Your resources: cash, bank accounts, life insurance, savings bonds, automobiles, and other property you own. You can have resources up to \$2,000.00.
- The amount of your gross monthly income from sources other than SSI: Generally, the more income you have, the less your SSI payment will be. If your income is over the allowable limit, you will not be eligible for SSI.

Your Reporting Responsibilities

Your SSI payments may change if your situation changes. You are required to report any changes that may affect your SSI no later than 10 days after the month the change takes place.

Please call 1-800-772-1213 or contact your local Social Security office to report any of the following changes:

- you start or stop work, or your wages increase or decrease;
- your bank account balance goes over \$2,000.00;
- you move;
- anyone else moves into or out of your household;
- someone in your household dies;
- you marry, separate, or divorce (including any same-sex relationships);
- income or resources change for you or members of your household;
- your medical condition improves;
- you leave the United States and expect to be gone for a full calendar month or for 30 consecutive days;
- you are in a hospital, jail, or other institution for a full calendar month;
- a felony warrant for flight or escape or a warrant for violating a condition of parole or probation is issued for your arrest.

Please read the enclosed booklet "What You Need To Know When You Get Supplemental Security Income (SSI)" carefully for additional information about this reporting requirement.

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You Can Review The Information in Your Case

The decisions in this letter are based on the law and information in our records. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations, and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Questions".

Things You Should Know

- You are living in someone else's house or apartment. We may be able to pay you more SSI money if you are paying your share of the household expenses. Contact us if you think you are paying your share.
- The application you filed for SSI was also a claim for Social Security benefits. We looked into this, and decided you can't get any Social Security benefits. If you disagree with the decision, you have the right to appeal. A case review, described later in this letter, is the only kind of appeal you can have regarding Social Security benefits.
- We are also sending this information to KIRK B ROOSE.
- Would you like to work? If so, you should know about special SSI rules. These rules can help you keep Medicaid and may help you keep getting some SSI even though you are working. The enclosed fact sheet tells you more about special SSI rules for people who work.

Disability Review

Because we believe that your health may improve, we will review your case in about 3 years. We will send you a letter before we start the review. Based on that review, your SSI will continue if you are still disabled, but will end if you are no longer disabled.

If You Disagree

If you disagree with this decision, you have the right to appeal. A person who did not make the first decision will decide the appeal. We call this appeal a reconsideration. When you appeal, we review your entire case, even the parts with which you agree. We consider any new facts we have and then make a new decision. The new decision could be more favorable, less favorable, or the same as the one you already have.

Time To File An Appeal

- You have 60 days to file an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on the letter.

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- You must have a good reason for waiting more than 60 days to file an appeal.

How To Appeal

You can file an appeal with any Social Security office. You must request the appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2, which is available on our website at www.socialsecurity.gov on the Internet. You can also contact us by phone, by mail, or come into the office to obtain the form. If you need assistance, we can help you fill out the form.

There are 2 types of appeals. In most cases, you can choose the one you want.

- Case Review: You will not meet with the person who decides your case. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we will decide your case again. This is the only kind of appeal you can have for a medical decision.
- Informal Conference: You will talk with the person who decides your case either in person or over the phone. You can tell that person why you disagree with our decision. If you meet with us in person, it may help your case. You have a right to review the facts in your file. You can give us more facts to add to your file. You can have other people help explain your case. Then we will decide your case again.

If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

If You Have Questions

If you have any questions, please:

- Visit our website at www.socialsecurity.gov to find general information about SSI;

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- Visit our website at www.socialsecurity.gov/SSIrules/ to find the law and regulations about SSI eligibility and payments;
- Call us toll-free at 1-800-772-1213 or call your local office at 866-415-0172. We can answer most questions over the phone. If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778; or
- Write or visit any Social Security office. If you plan to visit an office, you may call ahead to make an appointment. The office that serves your area is located at:

SOCIAL SECURITY
221 W 5TH ST
LORAIN OH 44052

Please have this letter with you if you call or visit an office. If you write, please include a copy of the first page of this letter. It will help us answer your questions. We are busiest early in the week and early in the month. If your business can wait, it is best to call or visit at other times.

We are sending you a pamphlet which contains important information you should know. The pamphlet is called "What You Need to Know When You Get SSI." We are also enclosing additional information about rules that can help you if you are working, or if you decide to work.



Carolyn W. Colvin
Acting Commissioner of
Social Security

Enclosure(s):
Pub 05-11011 - What You Need To Know When You Get Supplemental Security
Income (SSI)
Fact Sheet on SSI Federal Living Arrangement Categories
SSI Rules That Help You Work
How We Figured Your Payment

08/29/2014

Fact Sheet on SSI Federal Living Arrangement Categories

Category Definition

- A** Living in Own Household -- You fit in this category if you are eligible for SSI and you meet one of the following conditions:
1. You live in your own household whether or not you receive help paying your food or housing costs.
 2. You live in a foster care or family care situation.
 3. You are homeless or have no permanent living arrangement.
 4. You live in an institution for all or part of a month and Medicaid does not pay more than 50 percent of the cost of your care. You do not fit in this category if you are considered an inmate of a public institution such as a prison.
 5. You live alone.
 6. You live only with your child, spouse, or persons whose income is being used to compute the amount of your SSI payment.
 7. You do not fit in categories B, C or D described below.

In Category "A" The Maximum Federal SSI Money Is Used To Compute Your SSI payment.


- B** Living in the Household of Another -- You fit in this category if you are eligible for SSI and you meet both of the following conditions:
1. You live in a household other than your own throughout a month with at least one other person who is not your child, your spouse or an ineligible person whose income is being used to compute the amount of your SSI payment.
 2. And you receive food and housing from someone in that household.

In Category "B" The Federal SSI Money is Reduced By One-Third Because Another Person Helps Pay For Your Food And Housing Costs.

- C** Child Living in Parents' Household -- You fit in this category if you are eligible for SSI and you meet both of the following conditions:

1. You are under 18 years old.
2. You live in the same household as your parents.

In Category "C" The Maximum Federal SSI Money Is Used To Compute Your SSI payment.


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D Medicaid Facility -- You fit in this category if you are eligible for SSI and meet both of the following conditions:

1. You live in a public or private medical institution throughout a month.
2. Medicaid is paying more than 50 percent of the cost of your care.

In Category "D" The Federal SSI Money Cannot Exceed \$30.

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SSI Rules That Help You Work

We want to tell you about some special Supplemental Security Income (SSI) rules that can help you while you are working or if you begin working. These rules can help you get or keep Medicaid and may help you keep getting some SSI even though you are working.

How Your SSI May Change If You Work

We do not count most of your earnings when we figure your SSI payment amount. We do not count the first \$65 of your earned income in a month plus one-half of the remainder. That means that we count less than one-half of your earnings when we figure your SSI payment amount.

If You Stop Working or Start Earning Less

If you stop working or start earning less, please let us know right away. We can increase your SSI payments, or start your SSI and Medicaid again if they have stopped. You may not even have to file a new application.

Medicaid

If you get Medicaid, it will usually continue as long as you get SSI. If your SSI stops because you begin earning too much money, you can often keep getting Medicaid as long as the following are true:

- you continue to be disabled or blind under our rules; and
- you can't pay your medical bills without Medicaid.


We Don't Count Some of Your Earnings Used for Work Expenses

The earnings you use for some of your working expenses may not count as income. For example, we sometimes don't count earnings used to pay for transportation to and from work. Also, we don't count the cost of special equipment that helps you to work.

A Plan Can Help

You may be able to keep more of your SSI if you develop a special plan to support yourself. We call this a plan to achieve self-support (PASS). This plan lets you set aside money for a certain amount of time for a work goal. For example, you may set aside money to start a business, go to school, or get training for a job.

We don't count what you set aside when we figure your SSI. This can help keep you on SSI or help you get more SSI. A PASS may also help someone you know qualify for SSI.


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If You Need Help Finding A Job

We can ask someone who offers vocational rehabilitation services to help you find a job or give you training.

If You Want To Know More

If you want to know more about these rules, contact any Social Security office and ask to speak to someone about work incentives.

08/29/2014

HOW WE FIGURED YOUR PAYMENT FOR

Your Payment Amount

The most SSI money the law allows us to pay
Minus (-) "Total income we count" (see below)

Total Monthly SSI Payment
for

Your Income Other Than Your SSI

Income you receive in affects your payment for

Value of food and shelter

Total income we count

08/29/2014

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HOW WE FIGURED YOUR PAYMENT FOR

Your Payment Amount

The most SSI money the law allows us to pay
Minus (-) "Total income we count" (see below)

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08/29/2014

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HOW WE FIGURED YOUR PAYMENT FOR

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Your Income Other Than Your SSI

Income you receive in affects your payment for

value of
food and shelter

Total income we count

08/29/2014

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HOW WE FIGURED YOUR PAYMENT FOR

Your Payment Amount

The most SSI money the law allows us to pay
Minus (-) "Total income we count" (see below)

[REDACTED]
- [REDACTED]

Total Monthly SSI Payment
for

[REDACTED]

[REDACTED]

Your Income Other Than Your SSI

Income you receive in [REDACTED] affects your payment for [REDACTED]
[REDACTED]

Value of food and shelter

[REDACTED]

Total income we count

[REDACTED]

08/29/2014

HOW WE FIGURED YOUR PAYMENT FOR

Your Payment Amount

The most SSI money the law allows us to pay
Minus (-) "Total income we count" (see below)

Total Monthly SSI Payment
for

Your Income Other Than Your SSI

Income you receive in affects your payment for

J value of
food and shelter

Total income we count

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08/29/2014

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HOW WE FIGURED YOUR PAYMENT FOR

Your Payment Amount

The most SSI money the law allows us to pay
Minus (-) "Total income we count" (see below)

Total Monthly SSI Payment
for

Your Income Other Than Your SSI

Income you receive in affects your payment for

Value of food and shelter

Total income we count

08/29/2014

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HOW WE FIGURED YOUR PAYMENT FOR

Your Payment Amount

The most SSI money the law allows us to pay
Minus (-) "Total income we count" (see below)

Total Monthly SSI Payment
for

Your Income Other Than Your SSI

Income you receive in on affects your payment for on

Value of food and shelter

Total income we count

Exhibit A3

M7

Social Security Administration Retirement, Survivors, and Disability Insurance

Notice of Award

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: December 7, 2014
Claim Number: [REDACTED] HA

STEPHANIE LYNN STEIGER
[REDACTED]

We are writing to let you know that you are entitled to monthly disability benefits from Social Security beginning [REDACTED].

Your Benefits

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums and worker's compensation offset. We must also round down to the nearest dollar.

| Beginning Date | Benefit Amount | Reason |
|-------------------|-------------------|---------------------------|
| [REDACTED] | [REDACTED] | Entitlement began |
| [REDACTED] | [REDACTED] | Cost of living adjustment |
| [REDACTED] | [REDACTED] | Cost of living adjustment |
| [REDACTED] | [REDACTED] | Cost of living adjustment |

What We Will Pay

- Your first check is for [REDACTED].
- This is the money you are due through [REDACTED].
- After that, you will receive [REDACTED] on or about the third of each month.

SEE NEXT PAGE

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HA

Page 2

Other Information

We are sending a copy of this notice to your representative.

The Date You Became Disabled

We found that [REDACTED]

You have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. Your [REDACTED]

Information About Medicare

You are entitled to hospital insurance under Medicare beginning [REDACTED].

You are entitled to medical insurance under Medicare beginning [REDACTED].

We did not give you earlier medical insurance because we did not process it timely. If you want to have these benefits earlier, you can choose medical insurance benefits beginning [REDACTED]. If you want this benefit to start earlier, you must do the following things within 60 days after the date of this notice:

- tell us in writing that you want the medical insurance benefits beginning [REDACTED];
- pay us [REDACTED] (this covers the premiums due from [REDACTED]); or,
- tell us we can withhold this amount from the check.

If you want the benefits beginning [REDACTED] but find it hard to pay the premium amount in a lump sum, ask us about other ways to pay the money.

We charge a monthly premium for your medical insurance. The rates are shown below:

| Beginning Date | Amount |
|-------------------|--------|
|-------------------|--------|

| | |
|------------|------------|
| [REDACTED] | [REDACTED] |
|------------|------------|

We are taking medical insurance premiums due through [REDACTED] out of the check you will receive around [REDACTED]. These premiums total [REDACTED]. We will deduct medical insurance premiums 1 month in advance.

SEE NEXT PAGE

We are deducting past-due premiums from your check.

Medicare Prescription Drug Plan Enrollment

Now that you are eligible for Medicare, you can enroll in a Medicare prescription drug plan (Part D).

To learn more about the Medicare prescription drug plans and when you can enroll, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). Medicare also can tell you about agencies in your area that can help you choose your prescription drug coverage.

If you have limited income and resources, we encourage you to apply for the extra help that is available to assist with Medicare prescription drug costs. The extra help can pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or apply, please visit www.socialsecurity.gov, call 1-800-772-1213 (TTY 1-800-325-0778) or visit the nearest Social Security office.

When a lawyer wants to charge for helping with a Social Security claim, we must first approve the fee. We usually withhold 25 percent of past due benefits in order to pay the approved lawyer's fee. We withheld \$17,059.25 from your past due benefits in case we need to pay your lawyer.

- If all the work on this case for you and your family is finished, and your lawyer wants to charge a fee, a request to have it approved should be sent to us right away.
- If all work is not finished in this case, the lawyer should let us know that a fee will be charged. This must be done within 60 days of the date of this letter.
- If the lawyer will not charge a fee, a statement saying so, signed and dated by the lawyer, should be sent to us instead.

When the amount of the fee is decided, we will let you and the lawyer know how much of this money will be used to pay the fee. We will send any remainder to you. If the approved fee is more than the money we have withheld, the Social Security Administration is not involved in paying the rest of the fee.

Section 206(B) of the Social Security Act, as amended, governs fees for services before the court. If your lawyer wishes to receive a fee for those services, he must send the petition for that fee to the U.S. District Court you appeared before with a copy to the U.S. Attorney's Office. He should also send a copy to the Social Security Administration at:

SEE NEXT PAGE

SSA, ODO, DD01, SAES
P.O. Box 32913
Baltimore, MD, 21241-2913

Your lawyer may also petition for a fee under the Equal Access to Justice Act (EAJA). These awards are paid from administrative funds, and unlike fees under Section 206 of the Act, are not deducted from your past due benefits. The EAJA specifically provides that where an attorney receives fees for the same work under both Section 206(B) of the Social Security Act and the EAJA, the attorney must refund to you the amount of the smaller fee.

If your lawyer is not going to file a fee petition with the court, he should notify us in writing so that we can send you and your family any funds we withheld from your past due benefits.

Do You Think We Are Wrong?

You are entitled to benefits because of a decision made by the Administrative Law Judge.

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision, which you believe are wrong and will look at any new facts you have. We may also review those parts, which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You will have to have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

Other Social Security Benefits

This benefit is the only benefit you can receive from us at this time. In the future, if you think you might qualify for another benefit from us, you will need to apply again.

SEE NEXT PAGE

Your Responsibilities

The decisions we made on your claim are based on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away. We have enclosed a pamphlet, "What You Need To Know When You Get Social Security Disability Benefits". It will tell you what must be reported and how to report. Be sure to read the parts of the pamphlet which explain what to do if you go to work or if your health improves.

Things To Remember

The doctors and other trained personnel who decided that you are disabled expect your health to improve. Therefore, we will review your case in October 2016. We will send you a letter before we start the review. Based on that review, your benefits will continue if you are still disabled, but will end if you are no longer disabled.

Do You Think We Are Wrong?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

SEE NEXT PAGE

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Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-415-0172. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
221 W 5TH ST
LORAIN, OH 44052

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

Enclosure(s):

SSA Pub No 05-10153

Exhibit A4

Social Security Administration

Supplemental Security Income

Notice of Planned Action

SOCIAL SECURITY ADM
221 W 5TH ST
LORAIN OH 44052

Date: November 28, 2014
Claim Number: [REDACTED] DI

391 14S1697J11190

|||||
STEPHANIE LYNN STEIGERWALD

We are writing to tell you about changes in your Supplemental Security Income (SSI) payments. The following chart shows the SSI money due you for the months we changed. As you can see from the chart, we are only changing your payments for future months. The rest of this letter will tell you more about this change.

We explain how we figured the monthly payment amounts on the worksheets at the end of this letter. The explanation shows how your income, other than any SSI payments, affects your SSI payment. We include explanations only for months where payment amounts change.

Your Payments Will Be Changed As Follows:

| From | Through | Amount Due Each Month |
|------------|------------|--------------------------|
| [REDACTED] | [REDACTED] | \$0.00 |

We will stop your payments as shown above beginning [REDACTED]

Why Your Payments Changed

Because of your income, you are not eligible to receive Supplemental Security Income payments for [REDACTED].

Your SSI Is Based On These Facts

You have monthly income which must be considered in figuring your eligibility as follows:

See Next Page

11/28/2014

- Your Social Security benefits--before deductions for Medicare premiums, if any-- of [REDACTED].
- The food and shelter you get in someone else's home or apartment. We value that food and shelter at [REDACTED].

You Can Review The Information in Your Case

The decisions in this letter are based on the law and information in our records. You have a right to review and get copies of the information in our records that we used to make the decisions explained in this letter. You also have a right to review and copy the laws, regulations, and policy statements used in deciding your case. To do so, please contact us. Our telephone number and address are shown under the heading "If You Have Questions".

Things You Should Know

- We may be in touch with you later about any payments we previously made.
- We will send any decision about your benefits under other Social Security programs in a separate letter.
- We have made a new decision on your case. It replaces all earlier decisions for the above periods.
- If you think you may be eligible for SSI again, please contact us. If you do not contact us before December 2015, you may have to file a new application. If you have to file a new application, the earliest month for which we can pay you is the month after you file.
- We are also sending this information to KIRK B ROOSE.

If You Disagree

If you disagree with this decision, you have the right to appeal. A person who did not make the first decision will decide the appeal. We call this appeal a reconsideration. When you appeal, we review your entire case, even the parts with which you agree. We consider any new facts we have and then make a new decision. The new decision could be more favorable, less favorable, or the same as the one you already have.

Time To File An Appeal

- You have 60 days to file an appeal in writing.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on the letter.
- You must have a good reason for waiting more than 60 days to file an appeal.

11/28/2014

Appeal In 10 Days To Keep Receiving The Same Payment

If we receive your written appeal within 10 days, your payment amount will not change until we decide your case.

- The 10 days start the day after you receive this letter.
- If you lose your appeal, you might have to pay back some or all of this money.

However, even if you appeal within 10 days, we may stop your payment in January 2015 if both of the following are true:

- Our new decision is the same as the one you appealed, and
- We send or give you a letter with our new decision in time to stop the payment.

How To Appeal

You can file an appeal with any Social Security office. You must request the appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2, which is available on our website at www.socialsecurity.gov on the Internet. You can also contact us by phone, by mail, or come into the office to obtain the form. If you need assistance, we can help you fill out the form.

There are 3 types of appeals. In most cases, you can choose the one you want.

- Case Review: You will not meet with the person who decides your case. You have a right to review the facts in your file. You can give us more facts to add to your file. Then we will decide your case again. This is the only kind of appeal you can have for a medical decision.
- Informal Conference: You will talk with the person who decides your case either in person or over the phone. You can tell that person why you disagree with our decision. If you meet with us in person, it may help your case. You have a right to review the facts in your file. You can give us more facts to add to your file. You can have other people help explain your case. Then we will decide your case again.
- Formal Conference: This is a meeting like an informal conference. The difference is we can require people to come to help prove you are right. We can require them to bring important papers about your case, even if they do not want to help you. You can question these people at your meeting. Then we will decide your case again.

11/28/2014

If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696-U4 Appointment of Representative. Any local Social Security office can give you this form.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

If you have any questions, please:

- Visit our website at www.socialsecurity.gov to find general information about SSI;
- Visit our website at www.socialsecurity.gov/SSIrules/ to find the law and regulations about SSI eligibility and payments;
- Call us toll-free at 1-800-772-1213 or call your local office at 866-415-0172. We can answer most questions over the phone. If you are deaf or hard of hearing, our toll-free TTY number is 1-800-325-0778; or
- Write or visit any Social Security office. If you plan to visit an office, you may call ahead to make an appointment. The office that serves your area is located at:

SOCIAL SECURITY
221 W 5TH ST
LORAIN OH 44052

11/28/2014

Please have this letter with you if you call or visit an office. If you write, please include a copy of the first page of this letter. It will help us answer your questions. We are busiest early in the week and early in the month. If your business can wait, it is best to call or visit at other times.

Social Security Administration

Enclosure(s):
How We Figured Your Payment

11/28/2014

HOW WE FIGURED YOUR PAYMENT FOR**Your Payment Amount**

The most SSI money the law allows us to pay
Minus (-) "Total income we count" (see below)
SSI money (no SSI payment due because your income is
more than the SSI payment)

Total SSI Payment for**Your Income Other Than Your SSI**

Income you receive in affects your payment for

Social Security benefits
By law we don't count \$20.00 of above income
Subtotal
Value of food and shelter

Total income we count

11/28/2014

HOW WE FIGURED YOUR PAYMENT FOR [REDACTED] ON

Your Payment Amount

The most SSI money the law allows us to pay
Minus (-) "Total income we count" (see below)
SSI money (no SSI payment due because your income is
more than the SSI payment)

**Total Monthly SSI Payment
for [REDACTED]**

Your Income Other Than Your SSI

Income you receive in [REDACTED] on affects your payment for [REDACTED] on

Social Security benefits
By law we don't count \$20.00 of above income
Subtotal
Value of food and shelter

Total income we count

Exhibit A5

M7

Social Security Administration

Retirement, Survivors, and Disability Insurance

Notice of Change in Benefits

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: March 1, 2015
Claim Number: [REDACTED] HA

STEPHANIE LYNN STEIGER
[REDACTED]

We are writing to give you new information about the disability benefits which you receive on this Social Security record.

Your Benefits

We have raised your benefits back to your regular monthly payment amount. This is because you repaid the overpayment money you owed us.

What We Will Pay

- The next check you receive will be for [REDACTED] which is the money you are due to [REDACTED].
- Your next scheduled payment of [REDACTED], which is for [REDACTED], will be received on or about the third of [REDACTED].
- After that, you will receive [REDACTED] on or about the third of each month.

Information About Your Health Plan Premiums

As you requested, we will begin deducting your health plan premiums from your monthly benefit.

We deducted [REDACTED] for your health plan premiums from the check you will receive for [REDACTED] on or about [REDACTED].

Each month, we will continue to deduct [REDACTED] for your health plan premiums.

This represents all health plan premiums due to date.

Some Medicare plans may reduce your Medicare Part B premium as a plan benefit.

SEE NEXT PAGE

0201MFBYK001777*NOTAF:XA:CTPMADA.PC7.R150224.PAM 000000000 0026010635668081713044035412529

If you have any questions about your health plan premiums, please contact your health plan(s).

Information About Your Health Plan Premiums and Medicare Prescription Drug Plan Costs

Please contact your Medicare health plan or your Medicare prescription drug plan if you have questions about your premiums or costs.

Do You Think We Are Wrong?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There also are representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

SEE NEXT PAGE

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-415-0172. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

Exhibit A6



A LEGAL PROFESSIONAL ASSOCIATION

SOCIAL SECURITY DISABILITY

Lorain · Oberlin · Wooster · Mansfield · Toledo

KIRK B. ROOSE, Lorain and Oberlin
JON H. RESSLER, Wooster and Mansfield
MARY T. MEADOWS, Oberlin and Toledo
MELISSA L. KUNDER, Lorain
STEVEN J. PERLMUTTER, Of Counsel

6150 Park Square Drive, Suite A
Lorain, Ohio 44053-4143
(440) 985-1085
(800) 448-4211
FAX (440) 985-1026
lorain@rooselaw.com

COPY

January 23, 2015

The Hon. Pamela Loesel
The Office of Disability Adjudication & Review
Skylight Office Tower/Tower City
1660 West Second Street, 5th Floor
Cleveland, OH 44113

Re: Miss Stephanie L. Steigerwald
[REDACTED]

Dear Judge Loesel:

In this complex and protracted case, the undersigned is enclosing a petition to obtain a fee of \$17,059.25 (25 percent of past-due DIB benefits) for successfully representing Miss Steigerwald since September 2009. Miss Steigerwald agrees with this fee and has signed the petition. Please recommend the full fee to the Regional Chief Administrative Law Judge.

I. Background

Your Honor issued a fully-favorable decision on July 15, 2014, after a court remand.

II. Attachments

Schedules containing 82.5 hours of itemized services, spanning five years, are included. Counsel's fee agreement with Miss Steigerwald (a copy of which is attached) provided for a contingent fee of 25 percent of past-due benefits accrued on Miss Steigerwald's claim if the claim reached the court level, as it eventually did. A Notice of Award for the DIB claim, dated December 7, 2014, is attached and states that the agency is withholding \$17,059.25 for payment of attorney fees, calculated as 25 percent of the benefit award of \$68,237.00. (There should be additional amounts withheld for an SSI fee, but the undersigned is waiving fees from the SSI award, making the request here less

Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 2
January 12, 2015

than the 25 percent to which claimant agreed.) A professional résumé of the undersigned is also attached.

III. Services

The 82.5 hours of services included in this petition properly exclude services in the civil action. Services on a subsequent application are included, as the claims were consolidated by the Appeals Council and the services on the subsequent application developed the case for the later period of time that was eventually awarded by Your Honor.

Counsel updated the record in this case after remand to assist Your Honor in making an accurate decision. Treatment records were obtained from doctors and hospitals that had provided medical care to Miss Steigerwald. Counsel developed the issue of [REDACTED] the decisive issue for Your Honor, as well as other issues that [REDACTED]

This petition includes services representing Miss Steigerwald, including services performed by or under the supervision and under the direction of the undersigned. We gave full representation on this application at two ALJ hearings and at the Appeals Council level, and on a subsequent application to develop the later period that was later consolidated with this application by the Appeals Council. We gave full post-hearing representation.

Much of the value of counsel's services was in identifying this claim as one that could succeed with further development and advocacy, even after a prior denial had become final, and in encouraging claimant to appeal after denials at the initial, reconsideration, ALJ, and AC levels. Counsel skillfully identified the issues that resulted in remand and eventual payment of the case. Miss Steigerwald received substantial benefits that likely would not have been awarded without the undersigned's services. Counsel's representation was extensive, skilled, and professional, and brought an excellent result for claimant.

IV. Court fees

The undersigned received a court-ordered fee under the Equal Access to Justice Act, 28 U.S.C. § 2412, for services in the civil action. If this fee petition is granted in full, the undersigned will not file a motion for additional fees under 42 U.S.C. § 406(b) for court-related services.

Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 3
January 12, 2015

V. Reasonableness

The fee-agreement process, although not used here, recognizes that a fee of up to \$6,000.00 is presumptively reasonable for one ALJ hearing. Here two ALJ hearings, full briefing at the Appeals Council, and services developing the record on the subsequent application were necessary.

Since the claimant and the attorney entered into an agreement that the attorney fee should be 25 percent of past-due benefits, a federal court would approve the 25 percent fee unless it were unreasonable. *Gisbrecht v. Barnhart*, 535 U.S. 789 (2002). Deductions should generally be made only for improper conduct or ineffectiveness of counsel, or in situations in which the 25 percent fee would constitute a "windfall", i.e. in which the fee would be unconscionable. *Rodriguez v. Bowen*, 865 F.2d 739, 746-47 (6th Cir. 1989). A fee cannot be considered a windfall under *Rodriguez* unless the hourly rate is at least twice the usual rate for the area. *Hayes v. Secretary of HHS*, 916 F.2d 351 (6th Cir. 1990).

The requested fee of \$17,059.25, averages \$206.78 per hour for the 82.5 hours that we expended. An hourly rate of half of that, or \$103.39, does not exceed usual hourly rates in this metropolitan area.

In this case, none of the exceptions apply. Counsel proceeded diligently and promptly in representing the claimant and obtained a completely favorable result. Given the extensiveness and the quality of the representation over five years, the fee requested is not an unmerited windfall.

Using the factors in 20 C.F.R. § 404.1725, the requested fee is appropriate. The purposes of both programs have been satisfied. The extent and type of services was extensive and full, over five years. The case was moderately complex and the level of skill and competence required was high. The amount of time was substantial, and the results were excellent.

Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 4
January 12, 2015

VI Conclusion

Please recommend to the Regional Chief Administrative Law Judge that the fee of \$17,059.25 be approved as requested. Kindly forward to us a copy of Your Honor's fee recommendation.

Very truly yours,



Kirk B. Roose

KBR
Enclosures
c: Miss Stephanie L. Steigerwald with enclosures

| | | | |
|---|---|--|--|
| SOCIAL SECURITY ADMINISTRATION | | TOE 850 | Form Approved OMB No. 0980-0104 |
| PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION | | IMPORTANT INFORMATION ON REVERSE SIDE | |
| I request approval to charge a fee of: for services performed as the representative of: | | Fee \$ <u>17,059.25</u> (Show the Dollar Amount) | |
| My Services Began: <u>9 / 12 / 2008</u> <small>Month Day Year</small> | | Stephanie L. Steigerwald | |
| My Services Ended: <u>12 / 08 / 2014</u> | | Type(s) of claim(s) DIB/SSI | |
| Enter the name and the Social Security number of the person on whose Social Security record the claim is based. Stephanie L. Steigerwald [REDACTED] | | | |
| 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 state the amount on which you agreed, or attach a copy of the agreement to this petition. | | |
| | \$ _____ and | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> See attached |
| 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? If "yes" to either or both of the above, please specify the source(s) and the amount(s). Source: _____ \$ _____ Source: _____ \$ _____ <small>Note: If you receive payment(s) after submitting this petition, but before SSA approves a fee, you have an affirmative duty to notify the SSA office to which you are sending this petition.</small> | | |
| | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 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. | | |
| | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 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 proceeding? Please attach a copy of the court order if the court has approved the fee, EAJA fee only. No further charge if petition approved. | | |
| | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ <u>4,358.11</u> |
| 6. | Have you been disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney? | | |
| | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 7. | Have you been disqualified from participating in or appearing before a Federal program or agency? | | |
| | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. | | | |
| Signature of Representative [REDACTED] | | Date January 20, 2016 | Address (Include Zip Code) 8160 Park Square Drive, Suite A, Lorain, OH 44063 |
| Roose & Ressler - Lorain | | Telephone No. and Area Code (440) 985-1086 | |
| (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 question about the information given in this request (as explained on the reverse side of this form). I have marked my choice below. | | | |
| <input checked="" type="checkbox"/> I agree with the \$ <u>17,059.25</u> 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 | | | |
| <input type="checkbox"/> 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). | | | |
| [REDACTED] | | Date January 20, 2016 | |
| | | Telephone No. and Area Code (440) 752-3386 | |

Form SSA-1680-U4 (03-2014) EF (03-2014)
 Destroy Prior Editions

FILE COPY

Exhibit A7



A LEGAL PROFESSIONAL ASSOCIATION

SOCIAL SECURITY DISABILITY

Lorain · Toledo · Wooster · Mansfield

KIRK B. ROOSE, Lorain
JON H. RESSLER, Wooster, Mansfield and Lorain
MARY T. MEADOWS, Toledo
MELISSA L. KUNDER, Lorain
CHRISTOPHER N. ENOCH, Lorain

6150 Park Square Drive, Suite A
Lorain, Ohio 44053-4143
(440) 985-1085
(800) 448-4211
FAX (440) 985-1026
lorain@rooselaw.com

November 24, 2015

The Hon. Pamela Loesel
The Office of Disability Adjudication & Review
Skylight Office Tower/Tower City
1660 West Second Street, 5th Floor
Cleveland, OH 44113
Fax: (216) 522-3344 – 26 pages

Social Security Administration
Office of Disability Adjudication & Review

NOV 24 2015

Cleveland, Ohio

Re: Miss Stephanie L. Steigerwald
[REDACTED]

Dear Judge Loesel:

We submitted a fee petition for Miss Steigerwald's claim in January 2015 (copy attached). Please let us know the status of the petition.

Thank you for your attention to this matter.

Very truly yours,

[REDACTED]
Kirk B. Roose

KBR:djs
c: Miss Stephanie L. Steigerwald

NOV-24-2015 12:37

CLEVELAND ODAR

FAX NO. 440-985-1026

P. 002



A LEGAL PROFESSIONAL ASSOCIATION

SOCIAL SECURITY DISABILITY

Lorain • Oberlin • Wooster • Mansfield • Toledo

KIRK B. ROOSE, Lorain and Oberlin
 JON H. RESSLER, Wooster and Mansfield
 MARY T. MEADOWS, Oberlin and Toledo
 MELISSA L. KUNDER, Lorain
 STEVEN J. PERLMUTTER, Of Counsel

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 Lorain, Ohio 44053-4143
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 (800) 448-4211
 FAX (440) 985-1026
 lorain@rooselaw.com

January 23, 2015

The Hon. Pamela Loesel
 The Office of Disability Adjudication & Review
 Skylight Office Tower/Tower City
 1660 West Second Street, 5th Floor
 Cleveland, OH 44113

Social Security Administration
 Office of Disability Adjudication & Review

NOV 24 2015

Re: Miss Stephanie L. Steigerwald

Cleveland, Ohio

Dear Judge Loesel:

In this complex and protracted case, the undersigned is enclosing a petition to obtain a fee of \$17,059.25 (25 percent of past-due DIB benefits) for successfully representing Miss Steigerwald since September 2009. Miss Steigerwald agrees with this fee and has signed the petition. Please recommend the full fee to the Regional Chief Administrative Law Judge.

I. Background

Your Honor issued a fully-favorable decision on July 15, 2014, after a court remand.

II. Attachments

Schedules containing 82.5 hours of itemized services, spanning five years, are included. Counsel's fee agreement with Miss Steigerwald (a copy of which is attached) provided for a contingent fee of 25 percent of past-due benefits accrued on Miss Steigerwald's claim if the claim reached the court level, as it eventually did. A Notice of Award for the DIB claim, dated December 7, 2014, is attached and states that the agency is withholding \$17,059.25 for payment of attorney fees, calculated as 25 percent of the benefit award of \$68,237.00. (There should be additional amounts withheld for an SSI fee, but the undersigned is waiving fees from the SSI award, making the request here less

Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 2
January 12, 2015

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III. Services

The 82.5 hours of services included in this petition properly exclude services in the civil action. Services on a subsequent application are included, as the claims were consolidated by the Appeals Council and the services on the subsequent application developed the case for the later period of time that was eventually awarded by Your Honor.

Counsel updated the record in this case after remand to assist Your Honor in making an accurate decision. Treatment records were obtained from doctors and hospitals that had provided medical care to Miss Steigerwald. Counsel developed the issue of [REDACTED] the decisive issue for Your Honor, as well as other issues that [REDACTED]

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Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 3
January 12, 2015

V. Reasonableness

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The requested fee of \$17,059.25, averages \$206.78 per hour for the 82.5 hours that we expended. An hourly rate of half of that, or \$103.39, does not exceed usual hourly rates in this metropolitan area.

In this case, none of the exceptions apply. Counsel proceeded diligently and promptly in representing the claimant and obtained a completely favorable result. Given the extensiveness and the quality of the representation over five years, the fee requested is not an unmerited windfall.

Using the factors in 20 C.F.R. § 404.1725, the requested fee is appropriate. The purposes of both programs have been satisfied. The extent and type of services was extensive and full, over five years. The case was moderately complex and the level of skill and competence required was high. The amount of time was substantial, and the results were excellent.

Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 4
January 12, 2015

VI. Conclusion

Please recommend to the Regional Chief Administrative Law Judge that the fee of \$17,059.25 be approved as requested. Kindly forward to us a copy of Your Honor's fee recommendation.

Very truly yours,



Kirk B. Roose

KBR
Enclosures
c: Miss Stephanie L. Steigerwald with enclosures

NOV-24-2015 12:38
NOV 24 2015 12:38 PMCLEVELAND ODAR
ROUSE & RESSLER

FRA NO. 440-300-1020

218 522 3344 P.007

Stephanie Stelgerwald

| Date | Subject | Hours App |
|------------|--|-----------|
| 9/12/2009 | Call from potential client; schedule intake appointment; send letter | 0.5 App 1 |
| 9/24/2009 | Intake appointment held | 1.3 App 1 |
| 9/25/2009 | Open file | 0.1 App 1 |
| 9/28/2009 | Receive mail: Loan Repayment Agreement from client | 0.1 App 1 |
| 10/12/2009 | Review newly opened file | 0.2 App 1 |
| 10/26/2009 | Call from client regarding status | 0.1 App 1 |
| 10/28/2009 | Start preparation of appeal paperwork | 0.4 App 1 |
| 10/29/2009 | Complete and file Request for Reconsideration appeal and other paper | 1.5 App 1 |
| 11/3/2009 | Receive mail; 1695 processed | 0.1 App 1 |
| 11/4/2009 | CD received from SSA; convert and save same | 0.3 App 1 |
| 12/14/2009 | Receive mail: adjudicator assignment; review claim | 0.4 App 1 |
| 1/27/2010 | Confer regarding claim; confer with client regarding status | 0.4 App 1 |
| 2/2/2010 | Review incoming medical records; check file for duplicates | 0.5 App 1 |
| 2/3/2010 | Review non-duplicate medical records | 0.4 App 1 |
| 2/10/2010 | Submit evidence | 0.4 App 1 |
| 2/18/2010 | Call with adjudicator regarding status | 0.2 App 1 |
| 2/19/2010 | Call from adjudicator regarding claim | 0.1 App 1 |
| 2/22/2010 | Call with adjudicator regarding status | 0.1 App 1 |
| 3/8/2010 | Receive mail: Reconsideration denial; call from client regarding same | 0.7 App 1 |
| 3/9/2010 | Send 1696 to SSA for copy of file | 0.1 App 1 |
| 3/18/2010 | Disc received from SSA | 0.2 App 1 |
| 4/23/2010 | Review incoming medical update forms from client | 0.2 App 1 |
| 4/27/2010 | Call to client to complete appeal, left message | 0.1 App 1 |
| 4/28/2010 | Call from client; complete disability reports; file appeal | 1.2 App 1 |
| 5/1/2010 | Double docketing for reconsideration denial; review claim; appeal filed | 0.3 App 1 |
| 5/17/2010 | Review incoming ODAR assignment letter; send letter to client regarding same | 0.4 App 1 |
| 11/12/2010 | Review incoming ODAR reassignment letter; letter to client regarding same | 0.2 App 1 |
| 11/18/2010 | Review incoming ODAR evidence update request; send forms to client | 0.3 App 1 |
| 11/29/2010 | Review ODAR reassignment letter and update request; review file | 0.4 App 1 |
| 12/6/2010 | Review voicemail from client; call client back, left message | 0.1 App 1 |
| 12/8/2010 | Call from client regarding status of claim and update forms | 0.1 App 1 |
| 12/15/2010 | Review incoming ODAR update forms and letter from client | 0.2 App 1 |
| 12/21/2010 | Submit ODAR update forms | 0.1 App 1 |
| 12/29/2010 | ODAR called, scheduled hearing, schedule pre-hearing conference; send letter | 0.3 App 1 |
| 12/31/2010 | Review email regarding hearing scheduled; review calendar | 0.2 App 1 |
| 1/6/2011 | Receive ODAR notice and CD; convert CD | 0.2 App 1 |
| 1/7/2011 | Review Incoming Notice of hearing and update forms | 0.1 App 1 |
| 1/13/2011 | Send ODAR update forms to client; process Notice of Hearing | 0.2 App 1 |
| 1/19/2011 | Review Incoming Notice of Hearing | 0.3 App 1 |
| 2/1/2011 | Submit SSA Authorization | 0.1 App 1 |
| 2/11/2011 | Request medical evidence | 0.8 App 1 |
| 2/21/2011 | Receive medical records; begin indexing file | 1.6 App 1 |
| 2/22/2011 | Import ODAR CD, complete pre-hearing memorandum, complete indexing file | 5.4 App 1 |
| 2/23/2011 | Pre-hearing conference appointment held; prepare notes | 1.5 App 1 |
| 3/11/2011 | Request medical evidence | 0.3 App 1 |
| 3/16/2011 | Request medical evidence; prepare summary of submissions | 1.1 App 1 |

NOV-24-2016 12:38
NOV 27 2016 11:11 AMCLEVELAND ODAR
ROOSE & ROSS LLP

FAX NO. 440-300-1020

216-522-0044
T. UUG

Stephanie Steigerwald

| | |
|--|-----------|
| 3/17/2011 Request school records | 0.3 App 1 |
| 3/20/2011 Receive hearing reminder notice | 0.1 App 1 |
| 3/21/2011 Receive medical and school records; review file for duplicates; submit evidence | 0.6 App 1 |
| 3/24/2011 Call client for hearing reminder | 0.1 App 1 |
| 3/25/2011 Attend and represent client at hearing | 4 App 1 |
| 3/27/2011 Review file; prepare hearing notes; send post-hearing letter to client | 1.5 App 1 |
| 3/28/2011 Review file and hearing notes | 0.5 App 1 |
| 4/1/2011 Receive medical records; review file for duplicates | 0.3 App 1 |
| 4/29/2011 Receive unfavorable ALJ decision; send letter to client | 0.2 App 1 |
| 4/30/2011 Review unfavorable ALJ decision; review file for merits of appeal | 0.8 App 1 |
| 5/2/2011 Review notes on merits of appeal | 0.1 App 1 |
| 5/6/2011 Call from medical provider regarding records request | 0.1 App 1 |
| 5/18/2011 Review voicemail from client; call client back regarding appeal; explain process | 0.4 App 1 |
| 5/19/2011 Review dockets; redocket | 0.1 App 1 |
| 5/20/2011 Call with client regarding records request | 0.2 App 1 |
| 5/23/2011 Call with client regarding records request; request medical records | 0.4 App 1 |
| 5/26/2011 Receive medical records | 0.1 App 1 |
| 6/10/2011 File request for review appeal; copy to client; redocket | 0.6 App 1 |
| 7/19/2011 Call to AC - claim has been filed and is pending | 0.1 App 1 |
| 7/23/2011 Call from client regarding status | 0.1 App 1 |
| 2/14/2012 Call with client regarding medical update | 0.1 App 1 |
| 4/16/2012 Call from client regarding Appeals Council (AC) notice | 0.1 App 1 |
| 4/17/2012 Receive Appeals Council notice for briefing; call with client regarding same | 0.7 App 1 |
| 4/20/2012 Review file, letter to AC returning bad disc, request new & extension of time | 1 App 1 |
| 5/7/2012 Call AC; claim still pending; redocket | 0.1 App 1 |
| 6/18/2012 Letter to AC returning bad disc | 0.2 App 1 |
| 6/21/2012 Letter to AC returning bad disc, request new and extension of time or remand | 0.6 App 1 |
| 7/20/2012 Receive AC notice regarding briefing, process CDs | 0.4 App 1 |
| 8/10/2012 Fax to AC requesting extension of time to submit brief | 0.3 App 1 |
| 8/11/2012 Fax to AC, submitting letter-brief | 5 App 1 |
| 8/13/2012 Review dockets; update claims; redocket | 0.3 App 1 |
| 9/20/2012 Notice of AC action - denial; call to client regarding same | 0.4 App 1 |
| 9/21/2012 Letter to client scheduling phone appointment to discuss decision | 0.1 App 1 |
| 9/25/2012 Review file for merits of appeal; call to client regarding same | 1.8 App 1 |
| 10/3/2012 Prepare letter to client regarding filing second application | 0.2 App 2 |
| 11/20/2012 Call from client regarding filing 2nd application online | 0.1 App 2 |
| 11/28/2012 Fax representation paperwork to SSA; receive medical records | 0.2 App 2 |
| 12/5/2012 Review medical records | 0.3 App 2 |
| 12/10/2012 Receive SSA Notice: Processed 1695 | 0.1 App 2 |
| 12/21/2012 Call from client regarding medical update | 0.1 App 2 |
| 1/7/2013 Call to Adjudicator for barcode | 0.1 App 2 |
| 1/8/2013 Receive barcode | 0.1 App 2 |
| 1/10/2013 Submit evidence | 0.4 App 2 |
| 2/6/2013 Send letters to medical providers regarding Adjudicator needs records | 0.2 App 2 |
| 2/19/2013 Call with client regarding status of decision | 0.2 App 2 |
| 3/5/2013 Review voicemail from medical provider regarding records request | 0.1 App 2 |
| 4/2/2013 Review incoming Initial denial; letter to client regarding same | 0.3 App 2 |

Stephanie Steigerwald

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|------------|--|-----------|
| 4/12/2013 | Submit 1696 to District Office for copy of file | 0.1 App 2 |
| 4/29/2013 | Imported SSA CD April 2013 download and OCR | 0.3 App 2 |
| 5/16/2013 | Review denial, call to client to complete disability report | 0.7 App 2 |
| 5/17/2013 | Add medical updates to screens, file appeal, copy to client; redocket | 2 App 2 |
| 5/30/2013 | Review file | 0.9 App 2 |
| 6/6/2013 | Call to District Office to see if appeal filed; receive faxed confirmation | 0.2 App 2 |
| 6/7/2013 | Call from Adjudicator regarding claim; receive barcode | 0.4 App 2 |
| 6/17/2013 | Call with client regarding medical records | 0.1 App 2 |
| 6/18/2013 | Call with client regarding medical update | 0.2 App 2 |
| 6/20/2013 | Receive mail: adjudicator notice | 0.1 App 2 |
| 6/26/2013 | Receive mail: medical releases needed by Adjudicator | 0.1 App 2 |
| 7/30/2013 | Receive mail: second request for medical releases by Adjudicator | 0.1 App 2 |
| 9/19/2013 | Call from client regarding medical update | 0.3 App 2 |
| 9/27/2013 | Receive update forms from client; receive medical records, submit evidence | 0.7 App 2 |
| 10/1/2013 | Receive medical records | 0.1 App 2 |
| 10/2/2013 | Receive signed medical releases from client | 0.1 App 2 |
| 10/3/2013 | Receive signed medical releases from client; review file | 0.2 App 2 |
| 10/4/2013 | Review claim; fax letter to District Office regarding no decision yet | 0.2 App 2 |
| 10/7/2013 | Review voicemail from client regarding medical update | 0.1 App 2 |
| 10/9/2013 | Call AC, no record of Court remand; fax same to AC | 0.2 App 1 |
| 11/1/2013 | Call from client regarding status | 0.2 App 2 |
| 11/7/2013 | Request records | 0.1 App 2 |
| 11/13/2013 | Call AC for status, claim pending; redocket | 0.1 App 1 |
| 11/15/2013 | Review claim, call from client regarding status. | 0.3 App 2 |
| 12/5/2013 | Review incoming records from client | 0.2 App 2 |
| 12/13/2013 | Call from client regarding records | 0.1 App 2 |
| 12/16/2013 | Receive mail: signed release from client | 0.1 App 2 |
| 12/23/2013 | Call from client regarding status of claim | 0.1 App 2 |
| 12/26/2013 | Receive mail: Unfavorable reconsideration decision | 0.1 App 2 |
| 12/27/2013 | Review and process reconsideration decision; letter to client regarding same | 0.3 App 2 |
| 1/6/2014 | Call from client regarding update forms | 0.1 App 2 |
| 1/13/2014 | Review incoming update forms from client | 0.3 App 2 |
| 1/22/2014 | Call from client regarding status; review ODAR assignment from remand | 0.3 Both |
| 1/23/2014 | Review records from client; letter to client regarding remand | 0.3 App 1 |
| 1/29/2014 | Update medical screens | 0.2 App 1 |
| 2/10/2014 | Receive AC Remand, claims consolidated; review ODAR evidence request | 0.3 App 1 |
| 2/11/2014 | Submit evidence; send ODAR update forms to client | 0.3 App 1 |
| 2/19/2014 | Receive ODAR update forms from client; update medical screen | 0.2 App 1 |
| 2/20/2014 | Review dockets; redocket | 0.1 App 1 |
| 2/21/2014 | Submit ODAR update forms | 0.1 App 1 |
| 2/24/2014 | Request medical records | 0.5 App 1 |
| 3/3/2014 | Medical records received | 0.1 App 1 |
| 3/4/2014 | Review medical records | 0.1 App 1 |
| 3/10/2014 | Medical records received | 0.1 App 1 |
| 3/12/2014 | Review medical records | 0.2 App 1 |
| 3/17/2014 | Receive and review medical records | 0.2 App 1 |
| 3/18/2014 | Submit evidence; check status of hearing on ERE | 0.4 App 1 |

Stephanie Stelgerwald

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|--|-----------|
| 3/19/2014 ODAR called, scheduled hearing, schedule pre-hearing conference; send letter | 0.4 App 1 |
| 3/24/2014 Medical records received | 0.2 App 1 |
| 3/25/2014 Medical records received; submit evidence | 0.7 App 1 |
| 4/10/2014 Imported ODAR file - April 2014 | 0.1 App 1 |
| 4/11/2014 Receive and review mail; Notice of Hearing | 0.2 App 1 |
| 4/14/2014 Double docketing for Notice of Hearing | 0.1 App 1 |
| 4/16/2014 Fax hearing acknowledgement and VTC certification | 0.3 App 1 |
| 4/21/2014 Call client for hearing reminder | 0.1 App 1 |
| 4/22/2014 Update index; pre-hearing conference appointment held | 5.3 App 1 |
| 5/5/2014 Request medical records | 0.1 App 1 |
| 5/8/2014 Call medical providers regarding records requests | 0.8 App 1 |
| 5/9/2014 Receive medical records | 0.1 App 1 |
| 5/12/2014 Call medical provider regarding request; receive ODAR hearing reminder | 0.4 App 1 |
| 5/13/2014 Call from client regarding medical update | 0.2 App 1 |
| 5/16/2014 Review file; review medical records; call to client regarding claim | 3 App 1 |
| 5/17/2014 Review incoming medical updates from client | 0.1 App 1 |
| 5/18/2014 Review file | 0.3 App 1 |
| 5/19/2014 Review incoming medical records, submit evidence, call with client | 0.7 App 1 |
| 5/20/2014 Update index and pre-hearing memorandum | 3.9 App 1 |
| 5/21/2014 Prepare for and represent client at hearing; send post-hearing letter | 3 App 1 |
| 5/25/2014 Review hearing notes | 0.1 App 1 |
| 6/2/2014 Medical records received | 0.1 App 1 |
| 6/4/2014 Review medical records | 0.1 App 1 |
| 7/17/2014 Call with client regarding claim and non-medical review letter | 0.4 App 1 |
| 7/18/2014 Check status of hearing decision on ERE | 0.1 App 1 |
| 7/22/2014 Review incoming favorable ALJ decision; letter to client regarding same | 0.5 App 1 |
| 9/2/2014 Review Incoming Notice of Award - SSI | 0.4 App 1 |
| 12/8/2014 Review Incoming Notice of Award - DIB | 0.4 App 1 |

Total:

82.5

SOCIAL SECURITY FEE AND EXPENSE AGREEMENT - Contingent

FEES: If I win, even partially, for their services at the agency level I will pay Roose & Ressler, A Legal Professional Association (R&R), the lesser of twenty-five percent (25%) of the past-due benefits awarded to my family and me, or \$6,000.00 (as adjusted for any increase in the maximum allowable fee under the fee agreement process that the agency or legislation may adopt). If I do not win at all, I will pay no fee.

FEE INCREASES: I understand that R&R has the right under the regulations to request administrative review to increase the amount of the fee set under the preceding paragraph of this agreement if the fee set is not enough to compensate R&R adequately for services rendered.

FEES SET BY COURT: If my claim goes to federal court, for their services in the civil action I agree to pay my attorneys 25% of past-due benefits, reduced by any fees I pay for services in the agency proceedings. I consent to have my attorneys apply for fees in such a manner as to maximize the fee paid to them, even though it may eliminate or decrease a fee refund under the Equal Access to Justice Act to which I might have been entitled otherwise. I consent to have all EAJA fees paid to my attorneys.

EXPENSES: I agree to pay all necessary expenses, including but not limited to the cost of doctor reports, hospital records, filing fees for court cases, and extraordinary travel, telephone, facsimile, mailing, and photocopying charges.

EXPENSE DEPOSIT: I agree to give my attorney an expense deposit of \$0 to hold in escrow until needed. I will pay more expense deposits if requested. Any expense deposit balance remaining at the end of my case, after payment of all obligations including fees, will be refunded to me.

9/24/09

Date

9/24/09

Date

Attorneys who appear on an Appointment of Representative

ROOSE & RESSLER, A Legal Professional Association, Suite 301, 5 South Main Street, Oberlin, OH 44074
(440) 774-7700, (800) 448-4211, FAX (440) 774-3046
\\docs\forms\feelagraO.wpd (revised 6/22/09)

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: December 7, 2014
Claim Number: HA

STEPHANIE LYNN STEIGER

We are writing to let you know that you are entitled to monthly disability benefits from Social Security beginning

Your Benefits

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums and worker's compensation offset. We must also round down to the nearest dollar.

| Beginning Date | Benefit Amount | Reason |
|----------------|----------------|---------------------------|
| | | |
| | | Cost of living adjustment |
| | | Cost of living adjustment |
| | | Cost of living adjustment |

What We Will Pay

- Your first check is for .
- This is the money you are due through .
- After that, you will receive on or about the third of each month.

SEE NEXT PAGE

HA

Page 2

Other Information

We are sending a copy of this notice to your representative.

The Date You Became Disabled

We found that

You have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. Your first month of entitlement is

Information About Medicare

You are entitled to hospital insurance under Medicare beginning

You are entitled to medical insurance under Medicare beginning

We did not give you earlier medical insurance because we did not process it timely. If you want to have these benefits earlier, you can choose medical insurance benefits beginning. If you want this benefit to start earlier, you must do the following things within 60 days after the date of this notice:

- tell us in writing that you want the medical insurance benefits beginning;
- pay us (this covers the premiums due from); or,
- tell us we can withhold this amount from the check.

If you want the benefits beginning but find it hard to pay the premium amount in a lump sum, ask us about other ways to pay the money.

We charge a monthly premium for your medical insurance. The rates are shown below:

| Beginning Date | Amount |
|----------------|--------|
|----------------|--------|

\$

We are taking medical insurance premiums due through out of the check you will receive around. These premiums total. We will deduct medical insurance premiums 1 month in advance.

SEE NEXT PAGE

NOV-24-2015 12:40
NOV 24 2015 12:40 PMCLEVELAND ODAR
MOORE & KESSLER

FRA NO. 440-1026-1026

216 522 8844 P.017
C.014

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Page 3

We are deducting past-due premiums from your check.

Medicare Prescription Drug Plan Enrollment

Now that you are eligible for Medicare, you can enroll in a Medicare prescription drug plan (Part D).

To learn more about the Medicare prescription drug plans and when you can enroll, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). Medicare also can tell you about agencies in your area that can help you choose your prescription drug coverage.

If you have limited income and resources, we encourage you to apply for the extra help that is available to assist with Medicare prescription drug costs. The extra help can pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or apply, please visit www.socialsecurity.gov, call 1-800-772-1213 (TTY 1-800-325-0778) or visit the nearest Social Security office.

When a lawyer wants to charge for helping with a Social Security claim, we must first approve the fee. We usually withhold 25 percent of past due benefits in order to pay the approved lawyer's fee. We withheld \$17,059.25 from your past due benefits in case we need to pay your lawyer.

- If all the work on this case for you and your family is finished, and your lawyer wants to charge a fee, a request to have it approved should be sent to us right away.
- If all work is not finished in this case, the lawyer should let us know that a fee will be charged. This must be done within 60 days of the date of this letter.
- If the lawyer will not charge a fee, a statement saying so, signed and dated by the lawyer, should be sent to us instead.

When the amount of the fee is decided, we will let you and the lawyer know how much of this money will be used to pay the fee. We will send any remainder to you. If the approved fee is more than the money we have withheld, the Social Security Administration is not involved in paying the rest of the fee.

Section 206(B) of the Social Security Act, as amended, governs fees for services before the court. If your lawyer wishes to receive a fee for those services, he must send the petition for that fee to the U.S. District Court you appeared before with a copy to the U.S. Attorney's Office. He should also send a copy to the Social Security Administration at:

SEE NEXT PAGE

HA

Page 4

SSA, ODO, DD01, SAES
P.O. Box 32913
Baltimore, MD, 21241-2913

Your lawyer may also petition for a fee under the Equal Access to Justice Act (EAJA). These awards are paid from administrative funds, and unlike fees under Section 206 of the Act, are not deducted from your past due benefits. The EAJA specifically provides that where an attorney receives fees for the same work under both Section 206(B) of the Social Security Act and the EAJA, the attorney must refund to you the amount of the smaller fee.

If your lawyer is not going to file a fee petition with the court, he should notify us in writing so that we can send you and your family any funds we withheld from your past due benefits.

Do You Think We Are Wrong?

You are entitled to benefits because of a decision made by the Administrative Law Judge.

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision, which you believe are wrong and will look at any new facts you have. We may also review those parts, which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You will have to have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

Other Social Security Benefits

This benefit is the only benefit you can receive from us at this time. In the future, if you think you might qualify for another benefit from us, you will need to apply again.

SEE NEXT PAGE

Your Responsibilities

The decisions we made on your claim are based on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away. We have enclosed a pamphlet, "What You Need To Know When You Get Social Security Disability Benefits". It will tell you what must be reported and how to report. Be sure to read the parts of the pamphlet which explain what to do if you go to work or if your health improves.



Things To Remember

The doctors and other trained personnel who decided that you are disabled expect your health to improve. Therefore, we will review your case in October 2016. We will send you a letter before we start the review. Based on that review, your benefits will continue if you are still disabled, but will end if you are no longer disabled.

Do You Think We Are Wrong?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

SEE NEXT PAGE

HA

Page 6

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-415-0172. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
221 W 5TH ST
LORAIN, OH 44052

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

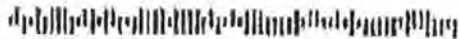
Enclosure(s):

SSA Pub No 05-10153

ATT COPY

Social Security Administration
Retirement, Survivors, and Disability Insurance
Important Information

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: December 7, 2014
Claim Number: [REDACTED] HA



0000905 CTPMP7 1A 0.080
Kirk B. Roose, Esq (Admin & Court Atty)
Suite A
6150 Park Square Drive
Lorain, OH 44053-4153



We are enclosing a copy of a letter we are sending to Stephanie Lynn Steiger. If you have any questions, please call us at the telephone number shown.

We also sent Stephanie Lynn Steiger the publications shown in the Enclosure(s) block at the bottom of the letter. You can view these publications on our website at www.socialsecurity.gov or you may call us at 1-800-772-1213.

20150505 10:00 AM CTPMP7 1A 0.080



M7

Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Award

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: December 7, 2014
Claim Number: [REDACTED] HA

0001033 CTPM/P7 1A 1.800

STEPHANIE LYNN STEIGER

We are writing to let you know that you are entitled to monthly disability benefits from Social Security beginning [REDACTED].

Your Benefits

The following chart shows your benefit amount(s) before any deductions or rounding. The amount you actually receive may differ from your full benefit amount. When we figure how much to pay you, we must deduct certain amounts, such as Medicare premiums and worker's compensation offset. We must also round down to the nearest dollar.

| Beginning Date | Benefit Amount | Reason |
|----------------|----------------|---------------------------|
| [REDACTED] | [REDACTED] | Entitlement began |
| [REDACTED] | [REDACTED] | Cost of living adjustment |
| [REDACTED] | [REDACTED] | Cost of living adjustment |
| [REDACTED] | [REDACTED] | Cost of living adjustment |

What We Will Pay

- Your first check is for [REDACTED].
- This is the money you are due through [REDACTED].
- After that, you will receive [REDACTED] on or about the third of each month.

SEE NEXT PAGE

HA

Page 2

Other Information

We are sending a copy of this notice to your representative.

The Date You Became Disabled

We found that

You have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. Your first month of entitlement is

Information About Medicare

You are entitled to hospital insurance under Medicare beginning

You are entitled to medical insurance under Medicare beginning

We did not give you earlier medical insurance because we did not process it timely. If you want to have these benefits earlier, you can choose medical insurance benefits beginning. If you want this benefit to start earlier, you must do the following things within 60 days after the date of this notice:

- tell us in writing that you want the medical insurance benefits beginning November 2011,
- pay us (this covers the premiums due from); or,
- tell us we can withhold this amount from the check.

If you want the benefits beginning but find it hard to pay the premium amount in a lump sum, ask us about other ways to pay the money.

We charge a monthly premium for your medical insurance. The rates are shown below:

| Beginning Date | Amount |
|----------------|--------|
|----------------|--------|

\$

We are taking medical insurance premiums due through out of the check you will receive around. These premiums total. We will deduct medical insurance premiums 1 month in advance.

SEE NEXT PAGE

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Page 3

We are deducting past-due premiums from your check.

Medicare Prescription Drug Plan Enrollment

Now that you are eligible for Medicare, you can enroll in a Medicare prescription drug plan (Part D).

To learn more about the Medicare prescription drug plans and when you can enroll, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). Medicare also can tell you about agencies in your area that can help you choose your prescription drug coverage.

If you have limited income and resources, we encourage you to apply for the extra help that is available to assist with Medicare prescription drug costs. The extra help can pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or apply, please visit www.socialsecurity.gov, call 1-800-772-1213 (TTY 1-800-325-0778) or visit the nearest Social Security office.

When a lawyer wants to charge for helping with a Social Security claim, we must first approve the fee. We usually withhold 25 percent of past due benefits in order to pay the approved lawyer's fee. We withheld \$17,059.25 from your past due benefits in case we need to pay your lawyer.

- If all the work on this case for you and your family is finished, and your lawyer wants to charge a fee, a request to have it approved should be sent to us right away.
- If all work is not finished in this case, the lawyer should let us know that a fee will be charged. This must be done within 60 days of the date of this letter.
- If the lawyer will not charge a fee, a statement saying so, signed and dated by the lawyer, should be sent to us instead.

When the amount of the fee is decided, we will let you and the lawyer know how much of this money will be used to pay the fee. We will send any remainder to you. If the approved fee is more than the money we have withheld, the Social Security Administration is not involved in paying the rest of the fee.

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SEE NEXT PAGE

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Page 4

SSA, ODO, DDOL, SAMS
P.O. Box 32913
Baltimore, MD, 21241-2913

Your lawyer may also petition for a fee under the Equal Access to Justice Act (EAJA). These awards are paid from administrative funds, and unlike fees under Section 206 of the Act, are not deducted from your past due benefits. The EAJA specifically provides that where an attorney receives fees for the same work under both Section 206(B) of the Social Security Act and the EAJA, the attorney must refund to you the amount of the smaller fee.

If your lawyer is not going to file a fee petition with the court, he should notify us in writing so that we can send you and your family any funds we withheld from your past due benefits.

Do You Think We Are Wrong?

You are entitled to benefits because of a decision made by the Administrative Law Judge.

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision, which you believe are wrong and will look at any new facts you have. We may also review those parts, which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You will have to have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

Other Social Security Benefits

This benefit is the only benefit you can receive from us at this time. In the future, if you think you might qualify for another benefit from us, you will need to apply again.

SEE NEXT PAGE

HA

Page 5

Your Responsibilities

The decisions we made on your claim are based on information you gave us. If this information changes, it could affect your benefits. For this reason, it is important that you report changes to us right away. We have enclosed a pamphlet, "What You Need To Know When You Get Social Security Disability Benefits". It will tell you what must be reported and how to report. Be sure to read the parts of the pamphlet which explain what to do if you go to work or if your health improves.

Things To Remember

The doctors and other trained personnel who decided that you are disabled expect your health to improve. Therefore, we will review your case in October 2016. We will send you a letter before we start the review. Based on that review, your benefits will continue if you are still disabled, but will end if you are no longer disabled.

Do You Think We Are Wrong?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

SEE NEXT PAGE

HA

Page 6

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-415-0172. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0776. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
221 W 5TH ST
LORAIN, OH 44052

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

Enclosure(s):

SSA Pub No 05-10153

KIRK B. ROOSE

Roose & Ressler, A Legal Professional Association
6150 Park Square Drive
Suite A
Lorain, Ohio 44053
(440) 985-1085

Education: J.D. Cum Laude 1971
University of Pennsylvania Law School, Philadelphia, Pennsylvania

B.A. 1968
Swarthmore College, Swarthmore, Pennsylvania

Professional experience:

- 1990- Managing Partner, Roose & Ressler (and predecessor firms), Oberlin, Ohio; Social Security administrative and appellate; Equal Access to Justice Act; attorney for National Organization of Social Security Claimants' Representatives on its *amicus* briefs to the United States Supreme Court in two EAJA cases
- 1983-89 Principal, Law Offices of Kirk B. Roose, Elyria/Oberlin, Ohio; federal litigation and administrative law
- 1981-83 Associate, Fauver & Fauver, Elyria, Ohio; litigation
- 1978-81 Private law practice, Cherry Hill, New Jersey; general civil practice
- 1975-78 Staff attorney, Camden Regional Legal Services, Inc., Camden, New Jersey; housing law
- 1971-74 Associate director and researcher, Congress Project and Corporate Accountability Research Group, Washington, D.C.

Professional memberships:

Lorain County Bar Association
National Organization of Social Security Claimants' Representatives (NOSSCR)

Bar Admissions:

District of Columbia (1972) (inactive); Pennsylvania (1976) (inactive); Ohio (1981); Third Circuit (1988); Fourth Circuit (1987); Sixth Circuit (1983); United States Supreme Court (1990)

Presents Seminars For:

Ohio State Bar Association; Ohio Academy of Trial Lawyers;
National Organization of Social Security Claimants' Representatives (NOSSCR);
Committee on Regional Training; Advocates for Basic Legal Equality (ABLE); Advanced Legal Education Center, The Dickinson School of Law; Federal Bar Association; National Business Institute.

Exhibit A8



SOCIAL SECURITY ADMINISTRATION

Refer To: [REDACTED]
Stephanie Lynn Steigerwald

Office of Disability Adjudication and Review
5th Fl
1660 W Second St
Cleveland, OH 44113
Tel: (877)402-0822 / Fax: (216)522-3344

January 22, 2016

AUTHORIZATION TO CHARGE AND COLLECT FEE

To: Kirk B Roose
Roose & Ressler
6150 Park Square Dr
Suite A
Lorain, OH 44053-4143

IN THE CASE OF

Stephanie Lynn Steigerwald
(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability,
Disability Insurance Benefits, and
Supplemental Security Income

[REDACTED]
(Social Security Number)

You are authorized to charge and collect a fee amount of \$10,000.00 for services provided to the claimant and auxiliaries, if any, for proceedings before the Social Security Administration. The amount of the fee does not include any out-of-pocket expenses (for example, costs to get copies of doctors' or hospitals' reports). This is a matter between you and the claimant.

If you or the claimant disagrees with the authorized fee, either or both can ask us to review the amount of the fee. If the claimant thinks the fee is too high or you think the fee is too low, either party must write to us **within 30 days from the date of this notice**. You or the claimant must also send a copy of the request to the other person. The review can result in an increase, decrease, or no change amount of the fee. The request for review must give the reasons for disagreeing with the amount of the fee and be sent to:

Stephanie Lynn Steigerwald [REDACTED]

Page 2 of 2

Office of the Regional Chief Administrative Law Judge
SSA, Office of Hearings & Appeals
SSA ODAR Regional Ofc
Ste 2901
200 W Adams St
Chicago, IL 60606-5234

The paragraph(s) below refers to payment of the representative's authorized fee.

We will directly pay your fee from the claimant's Title II or Title XVI past-due benefits, or both. (If the check does not cover the authorized fee, payment of the balance is a matter for you and the claimant to settle.) We will also charge you the assessment required by sections 206(d) or 1631(d)(2)(C) of the Social Security Act. You cannot charge or collect this expense from the claimant. You should send any questions about the status of the check to the processing center or Social Security office that issued the claimant's award letter.

AUTHORIZING OFFICIAL

[REDACTED]
Pamela E. Loesel
Administrative Law Judge

SEE ATTACHMENTS FOR OTHER IMPORTANT INFORMATION

cc: Stephanie Lynn Steigerwald
[REDACTED]
[REDACTED]

INFORMATION CONCERNING THE FEE AUTHORIZATION

Items SSA Considers

When we authorize fees in Social Security, and /or Supplemental Security Income cases, we consider each of the following:

- The purposes of the programs.
- The extent and kind of services the representative provided.
- The complexity of the case.
- The level of skill and competence required of the representative in providing the services.
- The amount of time the representative spent on the case.
- The results the representative achieved.
- The level of review to which the representative took the claim, and the level of review at which he or she became the claimant's representative.
- The fee amount the representative requests for his or her services, including any amount authorized or requested before, but not including the amount of any expenses he or she incurred.

Although we consider the amount the benefits payable, if any, we do not base the fee amount we authorize on the amount of the benefits alone, but on a consideration of all the factors listed above.

How Much the Representative Can Charge

The representative cannot charge, and the claimant never owes, more than the fee we authorize, except for:

- any fee a Federal court allows for the representative's services before it; and
- out-of-pocket expenses the representative incurred, for example, the cost of getting evidence. Our authorization is not needed for such expenses.

Trust or Escrow Account

If the representative established a trust or escrow account, he or she may withdraw the authorized fee from that account. The representative must promptly refund excess funds in the trust or escrow account to the claimant if, for example:

- the funds in the trust or escrow account exceed the amount of the authorized fee; or
- the combined total of the funds in the trust or escrow account and the amount we directly pay the attorney or non-attorney representative from the claimant's title II or title XVI past-due benefits exceeds the amount of the authorized fee.

Possible Refund To The Claimant

A claimant may be due more money when the Social Security Administration (SSA) authorizes a representative's fee and a claimant receives both Social Security and SSI benefits. This is because SSA deducts the authorized fee from the amount of Social Security benefits that count as income for SSI purposes. Then more SSI benefits are due.

If a claimant thinks more SSI benefits are due, and has not received more money or a letter within 90 days of this authorization notice, he or she should contact SSA. If a claimant visits a Social Security office, he or she should take this authorization notice.

Penalty For Charging An Unauthorized Fee

For improper acts, a representative can be suspended or disqualified from representing anyone before SSA. A representative also can face criminal prosecution. Charging or collecting an unauthorized fee or too much for services provided in any claim, including services before a court that made a favorable decision, is an improper act.

References

- 18 U.S.C. §§ 203, 205, and 207; and 42 U.S.C. §§ 406(a), 1320a-6, and 1383(d)(2)
- 20 CFR §§ 404.1700 *et seq.*, and 416.1500 *et seq.*
- Social Security Rulings 88-10c, 85-3, 83-27, and 82-39
- 26 U.S.C. §§ 6041 and 6045(f)

Exhibit A9



A LEGAL PROFESSIONAL ASSOCIATION

SOCIAL SECURITY DISABILITY

Lorain - Toledo - Wooster - Mansfield

KIRK B. ROOSE, Lorain
JON H. RESSLER, Wooster, Mansfield and Lorain
MARY T. MEADOWS, Toledo
MELISSA L. KUNDER, Lorain
CHRISTOPHER N. ENOCH, Lorain

6150 Park Square Drive, Suite A
Lorain, Ohio 44053-4143
(440) 985-1085
(800) 448-4211
FAX (440) 985-1026
lorain@rooselaw.com

March 23, 2016

Social Security Administration - Chicago Region
Office of the Regional Chief Judge
200 West Adams Street, Suite 2901
Chicago, IL 60606
Fax: (312)886-3456 - 2 pages plus 31 pages of enclosures

Re: Miss Stephanie L. Steigerwald
SS #: [REDACTED]

Dear Regional Chief ALJ:

Today we first received a copy of an "AUTHORIZATION TO CHARGE AND COLLECT FEE" by ALJ Pamela Loesel, bearing the date January 22, 2016. Please review the amount of the fee and increase it to the requested amount. We petitioned for \$17,059.25 (25% of past-due Title II benefits) in this complex and lengthy case on January 23, 2015, more than a year ago. ALJ Loesel's authorization approves only \$10,000.00, and contains no statement that more was requested nor any rationale for the reduction. The omissions violate 20 C.F.R. § 404.1720(c)(2) ("How we made that decision") and HALLEX DI I-1-2-57(E) ("Evaluating Fee Petitions" - "Documenting the Fee Rationale"). Further, a larger fee is warranted under the rules.

There is "good cause" for our filing this request for review more than 30 days after the date of January 22, 2016, which appears on the copy of the authorization that the ALJ's office faxed to us today. 20 C.F.R. § 404.1720(d)(2)(i), (ii)(E) ("You or your representative did not timely receive notice of the fee determination"). The representative did not timely receive notice. Our contemporaneous work entries show no fee authorization received until today. We did not know about the amount of fee authorized until today.

Our frequent follow-ups on the petition, including three after the date on the authorization, supports our report that we did not receive the authorization or know about its contents until today. ODAR's pattern of multiple delays and mistakes in processing the petition also supports our contention that we did not receive the notice timely.

We contacted the ALJ's office multiple times to ascertain the status of our fee petition, including three times after the date on the authorization, but received no information about the amount of fee authorized until we received our copy today. Our records show we contacted

Regional Chief ALJ
Re: Miss Stephanie L. Steigerwald

Page 2
March 23, 2016

ODAR on 4/20/2015 (fax); 4/21/2015 (phone call with Crystal of ALJ's office asking us to resubmit time schedules); 8/3/2015 (left phone message with Crystal asking for status of petition); 9/2/2015 (phone call from Ms. Johnson at SSA [caller ID 410-965-1234] asking if we had petitioned yet, informed her yes we submitted twice, we requested continued withholding); 11/6/2015 (phone call to ALJ's assistant re: fee petition, left message); 11/12/2015 (phone call to ALJ's assistant re: fee petition, left message); 11/17/2015 (phone call [left message] and letter to ALJ's assistant and ODAR re: status of petition); 11/24/2015 (letter to ALJ re: status of petition; attempt ERE access, ERE access no longer available); 12/21/2016 (phone call to ALJ assistants who referred to Crystal Miller ODAR at extension 22969, left voicemail); 1/21/2016 (phone call with Crystal, said she just received back from ALJ but gave no information about authorization); 2/24/2016 (left voicemail for Crystal for status of petition, no answer); 3/9/2016 (phone call to Crystal, she left return message that fee petition had been authorized on January 22, 2016; we called her and asked her to fax us a copy, she agreed); 3/15/2016 (left phone message for Crystal to send us copy of fee authorization); 3/21/2016 (left phone messages with Tiffany and Crystal to fax us a copy of the fee authorization); and 3/23/2016 (received fax copy of fee authorization and learned about substantial fee reduction).

Copies of our cover letter and fee petition, our proofs of faxing, and the authorization are attached for Your Honor's convenience in review. The claimant signed our petition, approving the amount. The cover letter with the petition explains the complex and lengthy history of the claims and why a fee of \$17,059.25 is warranted under the applicable criteria for my services as representative. If this petition for \$17,059.25 is granted in full, I will not file a motion in U.S. District Court for fees from past-due benefits for court-level services.

Please ensure that none of the past-due benefits that were withheld for fees are released, as further administrative and court-level fees may be approved.

Respectfully,



Kirk B. Roose

KBR:KBR

Enclosures

c: Miss Stephanie L. Steigerwald



A LEGAL PROFESSIONAL ASSOCIATION

SOCIAL SECURITY DISABILITY

Lorain • Oberlin • Wooster • Mansfield • Toledo

KIRK B. ROOSE, Lorain and Oberlin
JON H. RESSLER, Wooster and Mansfield
MARY T. MEADOWS, Oberlin and Toledo
MELISSA L. KUNDER, Lorain
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Lorain, Ohio 44053-4143
(440) 985-1085
(800) 448-4211
FAX (440) 985-1026
lorain@rooselaw.com

January 23, 2015

The Hon. Pamela Loesel
The Office of Disability Adjudication & Review
Skylight Office Tower/Tower City
1660 West Second Street, 5th Floor
Cleveland, OH 44113

Re: Miss Stephanie L. Steigerwald
SS#: [REDACTED]

Dear Judge Loesel:

In this complex and protracted case, the undersigned is enclosing a petition to obtain a fee of \$17,059.25 (25 percent of past-due DIB benefits) for successfully representing Miss Steigerwald since September 2009. Miss Steigerwald agrees with this fee and has signed the petition. Please recommend the full fee to the Regional Chief Administrative Law Judge.

I. Background

Your Honor issued a fully-favorable decision on July 15, 2014, after a court remand.

II. Attachments

Schedules containing 82.5 hours of itemized services, spanning five years, are included. Counsel's fee agreement with Miss Steigerwald (a copy of which is attached) provided for a contingent fee of 25 percent of past-due benefits accrued on Miss Steigerwald's claim if the claim reached the court level, as it eventually did. A Notice of Award for the DIB claim, dated December 7, 2014, is attached and states that the agency is withholding \$17,059.25 for payment of attorney fees, calculated as 25 percent of the benefit award of \$68,237.00. (There should be additional amounts withheld for an SSI fee, but the undersigned is waiving fees from the SSI award, making the request here less

Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 2
January 12, 2015

than the 25 percent to which claimant agreed.) A professional résumé of the undersigned is also attached.

III. Services

The 82.5 hours of services included in this petition properly exclude services in the civil action. Services on a subsequent application are included, as the claims were consolidated by the Appeals Council and the services on the subsequent application developed the case for the later period of time that was eventually awarded by Your Honor.

Counsel updated the record in this case after remand to assist Your Honor in making an accurate decision. Treatment records were obtained from doctors and hospitals that had provided medical care to Miss Steigerwald. Counsel developed the issue of [REDACTED] the decisive issue for Your Honor, as well as other issues that [REDACTED]

This petition includes services representing Miss Steigerwald, including services performed by or under the supervision and under the direction of the undersigned. We gave full representation on this application at two ALJ hearings and at the Appeals Council level, and on a subsequent application to develop the later period that was later consolidated with this application by the Appeals Council. We gave full post-hearing representation.

Much of the value of counsel's services was in identifying this claim as one that could succeed with further development and advocacy, even after a prior denial had become final, and in encouraging claimant to appeal after denials at the initial, reconsideration, ALJ, and AC levels. Counsel skillfully identified the issues that resulted in remand and eventual payment of the case. Miss Steigerwald received substantial benefits that likely would not have been awarded without the undersigned's services. Counsel's representation was extensive, skilled, and professional, and brought an excellent result for claimant.

IV. Court fees

The undersigned received a court-ordered fee under the Equal Access to Justice Act, 28 U.S.C. § 2412, for services in the civil action. If this fee petition is granted in full, the undersigned will not file a motion for additional fees under 42 U.S.C. § 406(b) for court-related services.

Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 3
January 12, 2015

V. Reasonableness

The fee-agreement process, although not used here, recognizes that a fee of up to \$6,000.00 is presumptively reasonable for one ALJ hearing. Here two ALJ hearings, full briefing at the Appeals Council, and services developing the record on the subsequent application were necessary.

Since the claimant and the attorney entered into an agreement that the attorney fee should be 25 percent of past-due benefits, a federal court would approve the 25 percent fee unless it were unreasonable. *Glsbrecht v. Barnhart*, 535 U.S. 789 (2002). Deductions should generally be made only for improper conduct or ineffectiveness of counsel, or in situations in which the 25 percent fee would constitute a "windfall", i.e. in which the fee would be unconscionable. *Rodriguez v. Bowen*, 865 F.2d 739, 746-47 (6th Cir. 1989). A fee cannot be considered a windfall under *Rodriguez* unless the hourly rate is at least twice the usual rate for the area. *Hayes v. Secretary of HHS*, 916 F.2d 351 (6th Cir. 1990).

The requested fee of \$17,059.25, averages \$206.78 per hour for the 82.5 hours that we expended. An hourly rate of half of that, or \$103.39, does not exceed usual hourly rates in this metropolitan area.

In this case, none of the exceptions apply. Counsel proceeded diligently and promptly in representing the claimant and obtained a completely favorable result. Given the extensiveness and the quality of the representation over five years, the fee requested is not an unmerited windfall.

Using the factors in 20 C.F.R. § 404.1725, the requested fee is appropriate. The purposes of both programs have been satisfied. The extent and type of services was extensive and full, over five years. The case was moderately complex and the level of skill and competence required was high. The amount of time was substantial, and the results were excellent.

Honorable Pamela Loesel
Re: Stephanie L. Steigerwald

Page 4
January 12, 2015

VI. Conclusion

Please recommend to the Regional Chief Administrative Law Judge that the fee of \$17,059.25 be approved as requested. Kindly forward to us a copy of Your Honor's fee recommendation.

Very truly yours,

A black rectangular redaction box covering the signature of Kirk B. Roose.

Kirk B. Roose

KBR
Enclosures
c: Miss Stephanie L. Steigerwald with enclosures

SOCIAL SECURITY ADMINISTRATION

TOE 850

Form Approved
OMB No. 0900-0104**PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION****IMPORTANT
INFORMATION ON
REVERSE SIDE**

I request approval to charge a fee of:

for services performed as the representative of:

My Services Began: 9 / 12 / 2009

Month Day Year

My Services Ended: 12 / 08 / 2014Fee \$ 17,059.25

(Show the Dollar Amount)

Stephanie L. Steigerwald

Type(s) of claim(s)

DIB/SSI

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

Stephanie L. Steigerwald [REDACTED]

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 the amount on which you agreed, or attach a copy of the agreement to this petition. ☒ YES ☐ NO
☒ See attached
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? ☐ YES ☒ NO
(b) Do you currently hold in a trust or escrow account any amount of money you received toward payment of your fee? ☐ YES ☒ NO
If "yes" to either or both of the above, please specify the source(s) and the amount(s).
Source: _____ \$ _____
Source: _____ \$ _____
Note: If you receive payment(s) after submitting this petition, but before SSA approves a fee, you have an affirmative duty to notify the SSA office to which you are sending this petition.
4. Have you received, or do you expect to receive, reimbursement for expenses you incurred? ☐ YES ☒ NO
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? ☒ YES ☐ NO
If "yes," what fee did you or will you charge for services in connection with the court proceeding? \$4,356.11
Please attach a copy of the court order if the court has approved the fee. **EAJA fee only. No further charge if petition approved.**
6. Have you been disbarred or suspended from a court or bar to which you were previously admitted to practice as an attorney? ☐ YES ☒ NO
7. Have you been disqualified from participating in or appearing before a Federal program or agency? ☐ YES ☒ NO

I declare under penalty or perjury that I have examined all the information on this form, and on any accompanying statements or

Address (include Zip Code)

8160 Park Square Drive, Suite A, Lorain, OH 44053

Telephone No. and Area Code
(440) 886-1085

(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 \$ 17,059.25 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 side of this form).

Date
January 20, 2016Telephone No. and Area Code
(440) 752-3308

Stephanie Steigerwald

| Date | Subject | Hours | App |
|------------|--|-------|-------|
| 9/12/2009 | Call from potential client; schedule intake appointment; send letter | 0.5 | App 1 |
| 9/24/2009 | Intake appointment held | 1.3 | App 1 |
| 9/25/2009 | Open file | 0.1 | App 1 |
| 9/28/2009 | Receive mail: Loan Repayment Agreement from client | 0.1 | App 1 |
| 10/12/2009 | Review newly opened file | 0.2 | App 1 |
| 10/26/2009 | Call from client regarding status | 0.1 | App 1 |
| 10/28/2009 | Start preparation of appeal paperwork | 0.4 | App 1 |
| 10/29/2009 | Complete and file Request for Reconsideration appeal and other paper | 1.5 | App 1 |
| 11/3/2009 | Receive mail: 1695 processed | 0.1 | App 1 |
| 11/4/2009 | CD received from SSA; convert and save same | 0.3 | App 1 |
| 12/14/2009 | Receive mail: adjudicator assignment; review claim | 0.4 | App 1 |
| 1/27/2010 | Confer regarding claim; confer with client regarding status | 0.4 | App 1 |
| 2/2/2010 | Review incoming medical records; check file for duplicates | 0.5 | App 1 |
| 2/3/2010 | Review non-duplicate medical records | 0.4 | App 1 |
| 2/10/2010 | Submit evidence | 0.4 | App 1 |
| 2/18/2010 | Call with adjudicator regarding status | 0.2 | App 1 |
| 2/19/2010 | Call from adjudicator regarding claim | 0.1 | App 1 |
| 2/22/2010 | Call with adjudicator regarding status | 0.1 | App 1 |
| 3/8/2010 | Receive mail: Reconsideration denial; call from client regarding same | 0.7 | App 1 |
| 3/9/2010 | Send 1696 to SSA for copy of file | 0.1 | App 1 |
| 3/18/2010 | Disc received from SSA | 0.2 | App 1 |
| 4/23/2010 | Review incoming medical update forms from client | 0.2 | App 1 |
| 4/27/2010 | Call to client to complete appeal, left message | 0.1 | App 1 |
| 4/28/2010 | Call from client; complete disability reports; file appeal | 1.2 | App 1 |
| 5/1/2010 | Double docketing for reconsideration denial; review claim; appeal filed | 0.3 | App 1 |
| 5/17/2010 | Review incoming ODAR assignment letter; send letter to client regarding same | 0.4 | App 1 |
| 11/12/2010 | Review incoming ODAR reassignment letter; letter to client regarding same | 0.2 | App 1 |
| 11/18/2010 | Review incoming ODAR evidence update request; send forms to client | 0.3 | App 1 |
| 11/29/2010 | Review ODAR reassignment letter and update request; review file | 0.4 | App 1 |
| 12/6/2010 | Review voicemail from client; call client back, left message | 0.1 | App 1 |
| 12/8/2010 | Call from client regarding status of claim and update forms | 0.1 | App 1 |
| 12/15/2010 | Review incoming ODAR update forms and letter from client | 0.2 | App 1 |
| 12/21/2010 | Submit ODAR update forms | 0.1 | App 1 |
| 12/29/2010 | ODAR called, scheduled hearing, schedule pre-hearing conference; send letter | 0.3 | App 1 |
| 12/31/2010 | Review email regarding hearing scheduled; review calendar | 0.2 | App 1 |
| 1/6/2011 | Receive ODAR notice and CD; convert CD | 0.2 | App 1 |
| 1/7/2011 | Review incoming Notice of hearing and update forms | 0.1 | App 1 |
| 1/13/2011 | Send ODAR update forms to client; process Notice of Hearing | 0.2 | App 1 |
| 1/19/2011 | Review incoming Notice of Hearing | 0.3 | App 1 |
| 2/1/2011 | Submit SSA Authorization | 0.1 | App 1 |
| 2/11/2011 | Request medical evidence | 0.8 | App 1 |
| 2/21/2011 | Receive medical records; begin indexing file | 1.6 | App 1 |
| 2/22/2011 | Import ODAR CD, complete pre-hearing memorandum, complete indexing file | 5.4 | App 1 |
| 2/23/2011 | Pre-hearing conference appointment held; prepare notes | 1.5 | App 1 |
| 3/11/2011 | Request medical evidence | 0.3 | App 1 |
| 3/16/2011 | Request medical evidence; prepare summary of submissions | 1.1 | App 1 |

Stephanie Steigerwald

| | |
|--|-----------|
| 3/17/2011 Request school records | 0.3 App 1 |
| 3/20/2011 Receive hearing reminder notice | 0.1 App 1 |
| 3/21/2011 Receive medical and school records; review file for duplicates; submit evidence | 0.6 App 1 |
| 3/24/2011 Call client for hearing reminder | 0.1 App 1 |
| 3/25/2011 Attend and represent client at hearing | 4 App 1 |
| 3/27/2011 Review file; prepare hearing notes; send post-hearing letter to client | 1.5 App 1 |
| 3/28/2011 Review file and hearing notes | 0.5 App 1 |
| 4/1/2011 Receive medical records; review file for duplicates | 0.3 App 1 |
| 4/29/2011 Receive unfavorable ALJ decision; send letter to client | 0.2 App 1 |
| 4/30/2011 Review unfavorable ALJ decision; review file for merits of appeal | 0.8 App 1 |
| 5/2/2011 Review notes on merits of appeal | 0.1 App 1 |
| 5/6/2011 Call from medical provider regarding records request | 0.1 App 1 |
| 5/18/2011 Review voicemail from client; call client back regarding appeal; explain process | 0.4 App 1 |
| 5/19/2011 Review dockets; redocket | 0.1 App 1 |
| 5/20/2011 Call with client regarding records request | 0.2 App 1 |
| 5/23/2011 Call with client regarding records request; request medical records | 0.4 App 1 |
| 5/26/2011 Receive medical records | 0.1 App 1 |
| 6/10/2011 File request for review appeal; copy to client; redocket | 0.6 App 1 |
| 7/19/2011 Call to AC - claim has been filed and is pending | 0.1 App 1 |
| 7/23/2011 Call from client regarding status | 0.1 App 1 |
| 2/14/2012 Call with client regarding medical update | 0.1 App 1 |
| 4/16/2012 Call from client regarding Appeals Council (AC) notice | 0.1 App 1 |
| 4/17/2012 Receive Appeals Council notice for briefing; call with client regarding same | 0.7 App 1 |
| 4/20/2012 Review file, letter to AC returning bad disc, request new & extension of time | 1 App 1 |
| 5/7/2012 Call AC; claim still pending; redocket | 0.1 App 1 |
| 6/18/2012 Letter to AC returning bad disc | 0.2 App 1 |
| 6/21/2012 Letter to AC returning bad disc, request new and extension of time or remand | 0.6 App 1 |
| 7/20/2012 Receive AC notice regarding briefing, process CDs | 0.4 App 1 |
| 8/10/2012 Fax to AC requesting extension of time to submit brief | 0.3 App 1 |
| 8/11/2012 Fax to AC, submitting letter-brief | 5 App 1 |
| 8/13/2012 Review dockets; update claims; redocket | 0.3 App 1 |
| 9/20/2012 Notice of AC action - denial; call to client regarding same | 0.4 App 1 |
| 9/21/2012 Letter to client scheduling phone appointment to discuss decision | 0.1 App 1 |
| 9/25/2012 Review file for merits of appeal; call to client regarding same | 1.8 App 1 |
| 10/3/2012 Prepare letter to client regarding filing second application | 0.2 App 2 |
| 11/20/2012 Call from client regarding filing 2nd application online | 0.1 App 2 |
| 11/28/2012 Fax representation paperwork to SSA; receive medical records | 0.2 App 2 |
| 12/5/2012 Review medical records | 0.3 App 2 |
| 12/10/2012 Receive SSA Notice: Processed 1695 | 0.1 App 2 |
| 12/21/2012 Call from client regarding medical update | 0.1 App 2 |
| 1/7/2013 Call to Adjudicator for barcode | 0.1 App 2 |
| 1/8/2013 Receive barcode | 0.1 App 2 |
| 1/10/2013 Submit evidence | 0.4 App 2 |
| 2/6/2013 Send letters to medical providers regarding Adjudicator needs records | 0.2 App 2 |
| 2/19/2013 Call with client regarding status of decision | 0.2 App 2 |
| 3/5/2013 Review voicemail from medical provider regarding records request | 0.1 App 2 |
| 4/2/2013 Review incoming initial denial; letter to client regarding same | 0.3 App 2 |

Stephanie Steigerwald

| | | |
|------------|--|-----------|
| 4/12/2013 | Submit 1696 to District Office for copy of file | 0.1 App 2 |
| 4/29/2013 | Imported SSA CD April 2013 download and OCR | 0.3 App 2 |
| 5/16/2013 | Review denial, call to client to complete disability report | 0.7 App 2 |
| 5/17/2013 | Add medical updates to screens, file appeal, copy to client; redocket | 2 App 2 |
| 5/30/2013 | Review file | 0.9 App 2 |
| 6/6/2013 | Call to District Office to see if appeal filed; receive faxed confirmation | 0.2 App 2 |
| 6/7/2013 | Call from Adjudicator regarding claim; receive barcode | 0.4 App 2 |
| 6/17/2013 | Call with client regarding medical records | 0.1 App 2 |
| 6/18/2013 | Call with client regarding medical update | 0.2 App 2 |
| 6/20/2013 | Receive mail: adjudicator notice | 0.1 App 2 |
| 6/26/2013 | Receive mail: medical releases needed by Adjudicator | 0.1 App 2 |
| 7/30/2013 | Receive mail: second request for medical releases by Adjudicator | 0.1 App 2 |
| 9/19/2013 | Call from client regarding medical update | 0.3 App 2 |
| 9/27/2013 | Receive update forms from client; receive medical records, submit evidence | 0.7 App 2 |
| 10/1/2013 | Receive medical records | 0.1 App 2 |
| 10/2/2013 | Receive signed medical releases from client | 0.1 App 2 |
| 10/3/2013 | Receive signed medical releases from client; review file | 0.2 App 2 |
| 10/4/2013 | Review claim; fax letter to District Office regarding no decision yet | 0.2 App 2 |
| 10/7/2013 | Review voicemail from client regarding medical update | 0.1 App 2 |
| 10/9/2013 | Call AC, no record of Court remand; fax same to AC | 0.2 App 1 |
| 11/1/2013 | Call from client regarding status | 0.2 App 2 |
| 11/7/2013 | Request records | 0.1 App 2 |
| 11/13/2013 | Call AC for status, claim pending; redocket | 0.1 App 1 |
| 11/15/2013 | Review claim, call from client regarding status | 0.3 App 2 |
| 12/5/2013 | Review incoming records from client | 0.2 App 2 |
| 12/13/2013 | Call from client regarding records | 0.1 App 2 |
| 12/16/2013 | Receive mail: signed release from client | 0.1 App 2 |
| 12/23/2013 | Call from client regarding status of claim | 0.1 App 2 |
| 12/26/2013 | Receive mail: Unfavorable reconsideration decision | 0.1 App 2 |
| 12/27/2013 | Review and process reconsideration decision; letter to client regarding same | 0.3 App 2 |
| 1/6/2014 | Call from client regarding update forms | 0.1 App 2 |
| 1/13/2014 | Review incoming update forms from client | 0.3 App 2 |
| 1/22/2014 | Call from client regarding status; review ODAR assignment from remand | 0.3 Both |
| 1/23/2014 | Review records from client; letter to client regarding remand | 0.3 App 1 |
| 1/29/2014 | Update medical screens | 0.2 App 1 |
| 2/10/2014 | Receive AC Remand, claims consolidated; review ODAR evidence request | 0.3 App 1 |
| 2/11/2014 | Submit evidence; send ODAR update forms to client | 0.3 App 1 |
| 2/19/2014 | Receive ODAR update forms from client; update medical screen | 0.2 App 1 |
| 2/20/2014 | Review dockets; redocket | 0.1 App 1 |
| 2/21/2014 | Submit ODAR update forms | 0.1 App 1 |
| 2/24/2014 | Request medical records | 0.5 App 1 |
| 3/3/2014 | Medical records received | 0.1 App 1 |
| 3/4/2014 | Review medical records | 0.1 App 1 |
| 3/10/2014 | Medical records received | 0.1 App 1 |
| 3/12/2014 | Review medical records | 0.2 App 1 |
| 3/17/2014 | Receive and review medical records | 0.2 App 1 |
| 3/18/2014 | Submit evidence; check status of hearing on ERE | 0.4 App 1 |

Stephanie Steigerwald

| | | |
|-----------|--|-----------|
| 3/19/2014 | ODAR called, scheduled hearing, schedule pre-hearing conference; send letter | 0.4 App 1 |
| 3/24/2014 | Medical records received | 0.2 App 1 |
| 3/25/2014 | Medical records received; submit evidence | 0.7 App 1 |
| 4/10/2014 | Imported ODAR file - April 2014 | 0.1 App 1 |
| 4/11/2014 | Receive and review mail; Notice of Hearing | 0.2 App 1 |
| 4/14/2014 | Double docketing for Notice of Hearing | 0.1 App 1 |
| 4/16/2014 | Fax hearing acknowledgement and VTC certification | 0.3 App 1 |
| 4/21/2014 | Call client for hearing reminder | 0.1 App 1 |
| 4/22/2014 | Update Index; pre-hearing conference appointment held | 5.3 App 1 |
| 5/5/2014 | Request medical records | 0.1 App 1 |
| 5/8/2014 | Call medical providers regarding records requests | 0.8 App 1 |
| 5/9/2014 | Receive medical records | 0.1 App 1 |
| 5/12/2014 | Call medical provider regarding request; receive ODAR hearing reminder | 0.4 App 1 |
| 5/13/2014 | Call from client regarding medical update | 0.2 App 1 |
| 5/16/2014 | Review file; review medical records; call to client regarding claim | 3 App 1 |
| 5/17/2014 | Review incoming medical updates from client | 0.1 App 1 |
| 5/18/2014 | Review file | 0.3 App 1 |
| 5/19/2014 | Review incoming medical records, submit evidence, call with client | 0.7 App 1 |
| 5/20/2014 | Update Index and pre-hearing memorandum | 3.9 App 1 |
| 5/21/2014 | Prepare for and represent client at hearing; send post-hearing letter | 3 App 1 |
| 5/25/2014 | Review hearing notes | 0.1 App 1 |
| 6/2/2014 | Medical records received | 0.1 App 1 |
| 6/4/2014 | Review medical records | 0.1 App 1 |
| 7/17/2014 | Call with client regarding claim and non-medical review letter | 0.4 App 1 |
| 7/18/2014 | Check status of hearing decision on ERE | 0.1 App 1 |
| 7/22/2014 | Review incoming favorable ALJ decision; letter to client regarding same | 0.5 App 1 |
| 9/2/2014 | Review incoming Notice of Award - SSI | 0.4 App 1 |
| 12/8/2014 | Review incoming Notice of Award - DIB | 0.4 App 1 |

Total:

82.5

SOCIAL SECURITY FEE AND EXPENSE AGREEMENT - Contingent

FEES: If I win, even partially, for their services at the agency level I will pay Roose & Ressler, A Legal Professional Association (R&R), the lesser of twenty-five percent (25%) of the past-due benefits awarded to my family and me, or \$6,000.00 (as adjusted for any increase in the maximum allowable fee under the fee agreement process that the agency or legislation may adopt). If I do not win at all, I will pay no fee.

FEE INCREASES: I understand that R&R has the right under the regulations to request administrative review to increase the amount of the fee set under the preceding paragraph of this agreement if the fee set is not enough to compensate R&R adequately for services rendered.

FEES SET BY COURT: If my claim goes to federal court, for their services in the civil action I agree to pay my attorneys 25% of past-due benefits, reduced by any fees I pay for services in the agency proceedings. I consent to have my attorneys apply for fees in such a manner as to maximize the fee paid to them, even though it may eliminate or decrease a fee refund under the Equal Access to Justice Act to which I might have been entitled otherwise. I consent to have all EAJA fees paid to my attorneys.

EXPENSES: I agree to pay all necessary expenses, including but not limited to the cost of doctor reports, hospital records, filing fees for court cases, and extraordinary travel, telephone, facsimile, mailing, and photocopying charges.

EXPENSE DEPOSIT: I agree to give my attorney an expense deposit of \$0 to hold in escrow until needed. I will pay more expense deposits if requested. Any expense deposit balance remaining at the end of my case, after payment of all obligations including fees, will be refunded to me.

9/24/09

Date

9/24/09

Date

Client

Attorneys who appear on an Appointment of Representative

ROOSE & RESSLER, A Legal Professional Association, Suite 301, 5 South Main Street, Oberlin, OH 44074
(440) 774-7700, (800) 448-4211, FAX (440) 774-3046
\\docs\forms\fee\agraO.wpd (revised 6/22/09)

Exhibit A10

M7

Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Change in Benefits

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: March 28, 2016
Claim Number: [REDACTED] HA

STEPHANIE LYNN STEIGER
[REDACTED]

We approved a fee of \$10,000.00 to pay your representative for work on your Social Security claim. We explained this fee, and your right to question it, in an earlier letter.

Information About Lawyer's Fees

We withheld \$17,059.26 from your benefits to pay your legal expenses. Since we have approved the fee of \$10,000.00, we are sending your representative this money.

We will still withhold the remainder, \$7,059.26, in case your lawyer asks the Federal Court to approve a fee for work that was done before the court.

We are paying the lawyer from the benefits we withheld. Therefore, we must collect a service charge from him or her. The service charge is 6.3 percent of the fee amount we pay, but not more than \$91, which is the most we can collect in each case under the law. We will subtract the service charge from the amount payable to the lawyer.

The lawyer cannot ask you to pay for the service charge. If the lawyer disagrees with the amount of the service charge, he or she must write to the address shown at the top of this letter. The lawyer must tell us why he or she disagrees within 15 days from the day he or she gets this letter.

Other Information

We are sending a copy of this notice to Kirk Roose.

SEE NEXT PAGE

01010ZXB5001347*NOTAF-PX3CTPMADA.PC7.R160323.PAM 0000000000 002601063568564120944035475844

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-415-0172. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
221 W 5TH ST
LORAIN, OH 44052-9965

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

Exhibit A11

From:



SOCIAL SECURITY ADMINISTRATION

Refer To:

Stephanie Steigerwald

Office of the
Regional Chief Administrative Law Judge
Regional Office
200 W. Adams St., Ste. 2901
Chicago, IL 60606

May 26, 2016

Judge Pamela Loesel
1660 W. Second St
5th Floor
Cleveland, OH 44115

Re: Stephanie Steigerwald ([REDACTED])
Representative: Kirk Roose

Dear Judge Pamela Loesel:

We are writing to you about a request to review filed by the representative Kirk Roose, regarding the fee amount you said the representative can charge for work on the above referenced Social Security claim.

A copy of the representative's request is enclosed. If you have comments about the request, or want to give us more information, write us within fifteen days. We will consider what you tell us. Thereafter, we will proceed with our action on this request.

Sincerely,

[REDACTED]
Deronda Dinkins, Mgmt. Analyst
obo
Sherry Thompson
Regional Chief
Administrative Law Judge

Enclosures: Copy of representative letter requesting review of reduced fee petition amount

**SOCIAL SECURITY ADMINISTRATION**

Refer To:

Stephanie Steigerwald

Office of the
Regional Chief Administrative Law Judge
Regional Office
200 W. Adams St., Ste. 2901
Chicago, IL 60606

May 26, 2016

Kirk Roose
Roose & Ressler
6150 Park Square
Suite A
Lorain, OH 44053

Dear Kirk Roose:

We are writing to you about your request to review the fee amount the Administrative Law Judge Pamela Loesel, said you can charge for work on the above referenced Social Security claim.

What Will Happen

Because the claimant, Stephanie Steigerwald, and the Administrative Law Judge who approved the fee amount can comment on your request for review, we are sending them copies of the request. They also can provide more information to us for our review.

If we need more information from you, we will contact you. After reviewing all the information, we will make a decision and send you that decision in writing. The decision may be to approve the fee amount, increase the fee amount or decrease the fee amount. In the decision, we will tell you the most you may charge for work done on the claim.

Sincerely,

Deronda Dinkins, Mgmt. Analyst
obo
Sherry Thompson
Regional Chief
Administrative Law Judge

**SOCIAL SECURITY ADMINISTRATION**

Refer To:

Stephanie Steigerwald

Office of the
Regional Chief Administrative Law Judge
Regional Office
200 W. Adams St., Ste. 2901
Chicago, IL 60606

May 26, 2016

Stephanie Steigerwald

Dear Ms. Steigerwald:

We are writing to you about a request to review filed by your representative, Kirk Roosc, concerning the fee amount we said your representative can charge for work on the above referenced Social Security claim.

What You Can Do

A copy of your representative's request is enclosed. If you have comments about the request, or want to give us more information, write us within **fifteen** days. We will consider what you tell us. Thereafter, we will proceed with our action on this request. You can write us at this address:

Office of the Regional Chief Administrative Law Judge
Regional Office
200 W. Adams St., Ste. 2901
Chicago, IL 60606

From:

What Will Happen

We will wait for comments regarding the request for review from you, your representative and the Administrative Law Judge who approved the fee amount. After reviewing all the information, we will make a decision and send you that decision in writing. The decision may be to approve the fee amount, increase the fee amount or decrease the fee amount. In the decision, we will tell you the most your representative may charge for work done on the claim.



Deronda Dinkins, Mgmt. Analyst
obo
Sherry Thompson
Regional Chief
Administrative Law Judge

Enclosures: Copy of representative letter requesting review of reduced fee petition amount

From:

MAY-24-2016 17:20

SSA OHA RO CHICAGO

1 312 886 3456 P.002



A LEGAL PROFESSIONAL ASSOCIATION

SOCIAL SECURITY DISABILITY

Lorain · Toledo · Wooster · Mansfield

KIRK B. ROOSE, Lorain
 JON H. RESSLER, Wooster, Mansfield and Lorain
 MARY T. MEADOWS, Toledo
 MELISSA L. KUNDER, Lorain
 CHRISTOPHER N. ENOCH, Lorain

6150 Park Square Drive, Suite A
 Lorain, Ohio 44053-4143
 (440) 985-1085
 (800) 448-4211
 FAX (440) 985-1026
 lorain@rooselaw.com

March 23, 2016

Social Security Administration – Chicago Region
 Office of the Regional Chief Judge
 200 West Adams Street, Suite 2901
 Chicago, IL 60606
 Fax: (312)886-3456 - 2 pages plus 31 pages of enclosures

Re: Miss Stephanie L. Steigerwald
 SS #: [REDACTED]

Dear Regional Chief ALJ:

Today we first received a copy of an "AUTHORIZATION TO CHARGE AND COLLECT FEE" by ALJ Pamela Loesel, bearing the date January 22, 2016. Please review the amount of the fee and increase it to the requested amount. We petitioned for \$17,059.25 (25% of past-due Title II benefits) in this complex and lengthy case on January 23, 2015, more than a year ago. ALJ Loesel's authorization approves only \$10,000.00, and contains no statement that more was requested nor any rationale for the reduction. The omissions violate 20 C.F.R. § 404.1720(c)(2) ("How we made that decision") and HALLEX DI I-1-2-57(E) ("Evaluating Fee Petitions" – "Documenting the Fee Rationale"). Further, a larger fee is warranted under the rules.

There is "good cause" for our filing this request for review more than 30 days after the date of January 22, 2016, which appears on the copy of the authorization that the ALJ's office faxed to us today. 20 C.F.R. § 404.1720(d)(2)(i), (ii)(E) ("You or your representative did not timely receive notice of the fee determination"). The representative did not timely receive notice. Our contemporaneous work entries show no fee authorization received until today. We did not know about the amount of fee authorized until today.

Our frequent follow-ups on the petition, including three after the date on the authorization, supports our report that we did not receive the authorization or know about its contents until today. ODAR's pattern of multiple delays and mistakes in processing the petition also supports our contention that we did not receive the notice timely.

We contacted the ALJ's office multiple times to ascertain the status of our fee petition, including three times after the date on the authorization, but received no information about the amount of fee authorized until we received our copy today. Our records show we contacted

MAY-24-2016 17:20

SSA OHA RO CHICAGO

1 312 886 3456 P.003

Regional Chief ALJ

Page 2

Re: Miss Stephanie L. Steigerwald

March 23, 2016

ODAR on 4/20/2015 (fax); 4/21/2015 (phone call with Crystal of ALJ's office asking us to resubmit time schedules); 8/3/2015 (left phone message with Crystal asking for status of petition); 9/2/2015 (phone call from Ms. Johnson at SSA [caller ID 410-965-1234] asking if we had petitioned yet, informed her yes we submitted twice, we requested continued withholding); 11/6/2015 (phone call to ALJ's assistant re: fee petition, left message); 11/12/2015 (phone call to ALJ's assistant re: fee petition, left message); 11/17/2015 (phone call [left message] and letter to ALJ's assistant and ODAR re: status of petition); 11/24/2015 (letter to ALJ re: status of petition; attempt ERE access, ERE access no longer available); 12/21/2016 (phone call to ALJ assistants who referred to Crystal Miller ODAR at extension 22969, left voicemail); 1/21/2016 (phone call with Crystal, said she just received back from ALJ but gave no information about authorization); 2/24/2016 (left voicemail for Crystal for status of petition, no answer); 3/9/2016 (phone call to Crystal, she left return message that fee petition had been authorized on January 22, 2016; we called her and asked her to fax us a copy, she agreed); 3/15/2016 (left phone message for Crystal to send us copy of fee authorization); 3/21/2016 (left phone messages with Tiffany and Crystal to fax us a copy of the fee authorization); and 3/23/2016 (received fax copy of fee authorization and learned about substantial fee reduction).

Copies of our cover letter and fee petition, our proofs of faxing, and the authorization are attached for Your Honor's convenience in review. The claimant signed our petition, approving the amount. The cover letter with the petition explains the complex and lengthy history of the claims and why a fee of \$17,059.25 is warranted under the applicable criteria for my services as representative. If this petition for \$17,059.25 is granted in full, I will not file a motion in U.S. District Court for fees from past-due benefits for court-level services.

Please ensure that none of the past-due benefits that were withheld for fees are released, as further administrative and court-level fees may be approved.

Respectfully,

Kirk B. Roose

KBR:KBR

Enclosures

c: Miss Stephanie L. Steigerwald

Exhibit A12

From:

To: 918775591737

08/31/2016 10:11

#057 P.002/012



SOCIAL SECURITY

OFFICE OF DISABILITY ADJUDICATION AND HEARINGS

Office of the Regional Chief Administrative Law Judge

200 West Adams Street Suite 2901

Chicago, Illinois 60606

Tel: (877) 800-7576 / Fax: (312) 886-3456

AUG 31 2016

Kirk Roose, Esquire
Roose And Roose
6150 Park Square Drive, Suite A
Lorain, OH 44053

Dear Counsel:

Enclosed please find an order regarding the administrative review of the case of Stephanie Steigerwald ([REDACTED]). The order sets forth the reason for the determination as well as what, if any, further steps are necessary.

Sincerely,

[REDACTED]
Sherry D. Thompson
Regional Chief Judge

cc: Stephanie Steigerwald
[REDACTED]
[REDACTED]

Cleveland SSA ODAR
5th Fl. 1660 W Second St
Cleveland, OH 44113

Social Security Adm
221 W 5th St
Lorain, OH 44052

ODO/PC7
1-M-28 1st Fl Sw Bldg
1500 Woodlawn Drive
Baltimore, MD 21241

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

ORDER OF THE REGIONAL CHIEF JUDGE
AUTHORIZATION TO CHARGE AND COLLECT A FEE
FOLLOWING ADMINISTRATIVE REVIEW

IN THE CASE OF

Stephanie Steigerwald
(Claimant)

CLAIM FOR

Period of Disability,
Disability Insurance Benefits, and
Supplemental Security Income

(Wage Earner)

(Social Security Number)

By letter dated March 23, 2016, the representative requested administrative review of the prior authorized fee. The representative is hereby authorized to charge and collect a fee in the amount of \$13,500.00 for services provided to the claimant and auxiliaries, if any, for proceedings before the Social Security Administration. The fee does not include any out-of-pocket expenses (for example, costs to get copies of medical or hospital reports), which is a matter between the claimant and the representative.

The amount approved is based on consideration of the factors set forth in 20 C.F.R. §§ 404.1725 and 416.1525 and HALLEX I-1-2-57, and is appropriate given the nature of the services rendered, the time actually required to render the services, and the complexity of the issues involved.


The authorized fee was increased because:

- there were significant and complex legal, medical or vocational issues involved.
- the representative was responsible for the submission of the evidence, which led to the favorable decision.
- the representative appeared at multiple hearings.
- the favorable decision was made after an Appeals Council and District Court remand.

However, the authorized fee is reduced from the amount requested by the representative. A review of the record reveals that some of the services itemized in the fee petition were performed while the case was pending at the district court level. Additionally, a majority of the itemized services were of a clerical routine nature (telephone calls, create, receipt and review of correspondence. Thus, the amount authorized is commensurate with the time and skills provided in this case.

There are no further reviews or appeals of this determination available.

The Social Security Administration previously sent the representative **\$10,000.00**, minus a user's fee. The Social Security Administration will directly pay the balance of the representative's fee from the portion of the claimant's title II or title XVI past-due benefits that has been set aside for representative fees. If the direct payment check does not cover the authorized fee, payment of the balance is a matter for the claimant and representative to settle. If the claimant has been awarded title II benefits, the representative should send any questions concerning the status of the check to the processing center that issued the claimant's title II award letter. If the claimant has been awarded only title XVI benefits, the representative should contact the field office that issued the award letter.


Sherry D. Thompson
Regional Chief Judge

AUG 31 2016

Date

Exhibit A13

M7 SA

Social Security Administration
Retirement, Survivors, and Disability Insurance
Important Information

Office of Central
Operations
P.O. Box 32913
Baltimore, Maryland 21241-2913
Date: September 12, 2016
Claim Number: [REDACTED]

KIRK ROOSE
ATTY FOR
STEPHANIE STEIGERWALD
[REDACTED]

Dear Mr. Roose:

We are withholding the amount of \$3559.25, which represents the balance of 25 percent of the past-due benefits for Stephanie Steigerwald, in anticipation of direct payment of an authorized attorney's fee. We previously paid you \$13,500.00 under section 206(A) of the Social Security Act, as amended, for your services before the administration. We are writing at this time to determine whether you have petitioned the United States District Court for the Northern District of Ohio for a fee for your services before the court.

Please write to: Social Security Administration, Office of Central Operations, Office of Disability Operations, Special Appeals & Examining Section 1, P.O. Box 32913, Baltimore MD 21241-2913 or send a fax (410) 966-0769 to let us know whether you have or will petition for a fee.

If you have been authorized to receive a fee in this case, please send us a copy of that authorization. If you do not intend to petition for a fee for your services, your written statement expressly waiving a fee is necessary before we can release the withheld benefits to the claimant.

Sincerely,

Social Security Administration

00101PY31M000363-NOTAF-P-X3CTPMISC-PC7R160907-PAM

000000000

002601063569370011754405341573

Exhibit A14

M7

Social Security Administration

Retirement, Survivors, and Disability Insurance

Notice of Change in Benefits

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: February 6, 2017
Claim Number: [REDACTED] HA

STEPHANIE LYNN STEIGER
[REDACTED]

We are writing to give you new information about the disability benefits which you receive on this Social Security record.

What We Will Pay

- The next check you receive will be for \$3,559.25, which is the money you are due through [REDACTED].
- After that, you will receive [REDACTED] on or about the third of each month.

The check you will receive represents the past due withheld benefits for anticipation of attorney fees since Attorney Kirk B Roose has waived his rights to file a fee petition to the U.S. District Court for Northern District of Ohio for legal services before the court on your disability claim. Although, we are releasing the withheld benefits to you, this does not relieve the attorney of the obligation to petition the court if he later decides to charge a fee.

Do You Think We Are Wrong?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.

SEE NEXT PAGE

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- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There also are representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-866-415-0172. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
221 W 5TH ST
LORAIN, OH 44052-9965

SEE NEXT PAGE

HA

Page 3

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

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Exhibit A15

M7

Social Security Administration

Retirement, Survivors, and Disability Insurance

Notice of Change in Benefits

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: November 12, 2017
Claim Number: [REDACTED] HA

STEPHANIE LYNN STEIGER
[REDACTED]

We are writing to give you new information about the disability benefits which you receive on this Social Security record.

Per your request, we have reviewed the amount withheld from your benefits due to your receiving Supplemental Security Benefits. The following explains the adjustment on the amount withheld from your benefits and the additional amount you are due.

On February 23, 2015, we withheld [REDACTED] from your benefits because of the amount of the Supplemental Security Income (SSI) payments which you received from [REDACTED]. After reviewing your record, we determined that we should have only withheld [REDACTED] from your benefits for the above time period. Therefore, you are due an underpayment of \$5,392.08.

What We Will Pay

You will soon receive a check for \$5,392.08 because we had withheld money from your benefits.

We pay Social Security benefits for a given month in the next month. For example, we pay Social Security benefits for March in April.

- The next check you receive will be for \$5,392.08, which is the money you are due through [REDACTED].
- Your next scheduled payment of [REDACTED], which is for [REDACTED], will be received on or about the third of [REDACTED].
- After that, you will receive [REDACTED] on or about the third of each month.

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Information About Medicare

We will continue to deduct Medicare premiums from your monthly checks.

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Social Security Administration

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