

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
\_\_\_\_\_ DIVISION

**FACT SHEET FOR SOCIAL SECURITY APPEALS: PLAINTIFF**

**(For each item, cite specific page of record)**

Case Name: \_\_\_\_\_

1. Type of application: \_\_\_\_\_

2. Date of application: \_\_\_\_\_

3. Disability onset date: \_\_\_\_\_

4. Date of expiration of insured status: \_\_\_\_\_

5. Vocational Factors: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (At time of hearing)

Education: (last grade completed): \_\_\_\_\_

Past work experience: \_\_\_\_\_

\_\_\_\_\_

Last date worked and job held: \_\_\_\_\_

\_\_\_\_\_

6. Basis of ALJ's decision \_\_\_\_\_  
(nonsevere impairment, prima facie case, Grid, vocational testimony, etc.)

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

8. If claim is based on diseases; specify disease:

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