

Social Security
Experience Panel Application

Name: (please print) _____

Prior Experience

List SS case information within the past 2 years:

Case Name & No. (if public info)	Forum	Type of Proceeding	Date Initiated
1. _____			
2. _____			
3. _____			

Indicate the type of SS matters you will handle:

___ Application for benefits

___ SSI

___ SSD

___ Reduction/Cessation of benefits

___ SSI

___ SSD

___ Denial of benefits

___ SSI

___ SSD

I certify that I practice and am qualified to accept social security law cases, and I meet the membership requirements for receiving referrals from LRIS in this area and will maintain compliance with the requirements as long as I accept these referrals.

Date _____ Signature _____