



## SOCIAL SECURITY ADMINISTRATION

Office of Disability Adjudication and Review  
Ste 200  
1033 University PL  
Evanston, IL 60201

Date: April 20, 2017

Paul R Dulberg  
4606 Hayden Ct  
Mchenry, IL 60051

### Notice of Decision –Fully Favorable

I carefully reviewed the facts of your case and made a fully favorable decision on your application(s) for a period of disability, disability insurance benefits, and Supplemental Security Income filed on March 30, 2012 and March 30, 2012. I stated the basis for my decision at your hearing held on April 20, 2017. I adopt the findings of fact and reasons that I gave at the hearing. Please read this notice of decision.

I found you disabled as of June 28, 2011 because your impairment or combination of impairments is so severe that you cannot perform any work existing in significant numbers in the national economy.

If you would like more information about my decision, I can provide you with a record of my oral decision. You must ask for this record in writing. You may mail or bring your request to any Social Security or hearing office. Please put the Social Security number shown above on your request.

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 may file an appeal with the Appeals Council.

### How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at [www.socialsecurity.gov](http://www.socialsecurity.gov). Please put the Social Security number shown above on any Form HA-82 (07-2011)

### 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).

See Next Page

Exhibit CM



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

Please send your request to:

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

### **Time Limit To File An Appeal**

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

### **What Else You May Send Us**

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

### **How An Appeal Works**

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision 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:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

### **The Appeals Council May Review My Decision On Its Own**

The Appeals Council may review my decision even if you do not appeal. 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.

Form HA-82 (07-2011)

See Next Page



**When There Is No Appeals Council Review**

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

**If You Have Any Questions**

We invite you to visit our website located at [www.socialsecurity.gov](http://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.

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 (877)405-7828. Its address is:

Social Security  
2450 Lake Shore Dr  
Woodstock, IL 60098-6911

*/s/ Lovert F. Bassett*

\_\_\_\_\_  
Lovert F. Bassett  
Administrative Law Judge

April 20, 2017

\_\_\_\_\_  
Date

**Enclosures:**

Form HA-L15 (Fee Agreement Approval)

cc: Frederick J. Daley, Jr  
Daley Disability Law  
601 W Randolph St  
Ste 300  
Chicago, IL 60661

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

**ORDER OF ADMINISTRATIVE LAW JUDGE**

**IN THE CASE OF**

Paul R Dulberg  
(Claimant)

(Wage Earner)

**CLAIM FOR**

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

(Social Security Number)

I approve the fee agreement between the claimant and his representative subject to the condition that the claim results in past-due benefits. My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

**YOU MAY REQUEST A REVIEW OF THIS ORDER AS INDICATED BELOW**

**Fee Agreement Approval:** You may ask us to review the approval of the fee agreement. If so, write us within 15 days from the day you get this order. Tell us that you disagree with the approval of the agreement and give your reasons. Your representative also has 15 days to write us if he or she does not agree with the approval of the fee agreement. Send your request to this address:

Sherry D. Thompson  
Regional Chief Administrative Law Judge  
SSA ODAR Regional Ofc  
Ste 2901  
200 W Adams St  
Chicago, IL 60606-5234

**Fee Agreement Amount:** You may also ask for a review of the amount of the fee due to the representative under this approved fee agreement. If so, please write directly to me as the deciding Administrative Law Judge within 15 days of the day you are notified of the amount of the fee due to the representative. Your representative also has 15 days to write me if he/she does not agree with the fee amount under the approved agreement.

See Next Page

Form HA-L15 (03-2007)

Exhibit CM

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

/s/ Lovett F. Bassett

\_\_\_\_\_  
Lovett F. Bassett  
Administrative Law Judge

April 20, 2017

\_\_\_\_\_  
Date

cc: Frederick J. Daley, Jr  
Daley Disability Law [REDACTED]  
601 W Randolph St  
Ste 300  
Chicago, IL 60661

See Next Page

Form HA-L15 (03-2007)

SSA ODAR  
Ste 200  
1033 University PL  
Evanston, IL 60201

# 000005510 I=000000 0420 IP CIT



5506 1 MB 0.420



Paul R Dulberg  
4606 Hayden CT  
Mchenry, IL 60051

0.999 oz 109132-001-0/3180449 0005510 0032369 I=0000

