

ALJ Bench Decision Checksheet – Print Version

Claimant Name: _____ SSN: _____
Application Date: _____ Title: _____ Hearing Date: _____

Date Last Insured: _____ Date First Insured: _____
Established Onset Date: _____

Prior Application Reopened Not Reopened
Prior Application Date(s): T2 _____ SSI _____
Date of Initial Determination: T2 _____ SSI _____
Reason for Reopening: Within one year Grounds for reopening at any time _____
 Good cause/new and material evidence (within 2 or 4 years)

Work After Onset
 UWA
 TWP [See 20 C.F.R. §§ 404.1592(d)(2)(iii) and (iv).]
 Not SGA

Severe Impairment(s) (singly or in combination):

Impairment(s) MEET Listing: # _____
 Impairment(s) EQUAL Listing: # _____ ME Testimony/Interrogatories
 Mental Impairment Analysis:
Restriction of Activities of Daily Living None Mild Moderate Marked Extreme
Difficulties Maintaining Social Functioning None Mild Moderate Marked Extreme
Difficulties Maintaining Concentration-Pace None Mild Moderate Marked Extreme
Episodes of Decompensation None One or two Three Four or More
Part C Limit'ns (2 yrs med. hist. & more than minimal limitation) (12.02, 12.03, 12.04) Yes No
 Residual disease process with marginal adjustment so that minimal changes cause decompensation
 Current history 1+years in highly supportive living arrangement with continuing need for same
 Repeated episodes of decompensation, each of extended duration
12.06: Specify limitations: _____

Residual Functional Capacity: Sedentary Light Medium Heavy

EXERTIONAL LIMITATIONS:	NONEXERTIONAL LIMITATIONS:
<input type="checkbox"/> Lift/carry _____	<input type="checkbox"/> Mental – Describe below _____
<input type="checkbox"/> Sit _____	<input type="checkbox"/> Postural _____
<input type="checkbox"/> Stand/walk _____	<input type="checkbox"/> Environmental _____
<input type="checkbox"/> Push/pull _____	<input type="checkbox"/> Manipulative _____
	<input type="checkbox"/> Communicative _____
	<input type="checkbox"/> Auditory/Visual _____
	Description: _____

Past Relevant Work: Unskilled No transferable skills Transferable Skills Not Material

Medical-Vocational Rule # _____ Directs
 Medical-Vocational Rule # _____ Framework VE Testimony = No Jobs
 Social Security Ruling # _____

Rationale for Decision (Include assessment of credibility and medical source opinion):

Recommend Representative Payee
 Medical reexamination in _____ year(s)
 Evidence of Workers Compensation Claim/Payment
 Fee Agreement Approved. Representative Name: _____
 Fee Agreement Denied. Reason: _____

ALJ: _____ DATE: _____