

RECEIVED

JUN 17 2014

BEFORE THE BOARD OF COMMISSIONERS
ON GRIEVANCES AND DISCIPLINE OF THE
SUPREME COURT OF OHIO

BOARD OF COMMISSIONERS
ON GRIEVANCES & DISCIPLINE

IN RE: COMPLAINT AGAINST :
RALPH A. ZUZOLO, JR. :
700 YOUNGSTOWN-WARREN ROAD :
NILES, OHIO 44446 :
ATTORNEY REGISTRATION #0065146 :

CASE NUMBER:

14 - 052 - 3

FILED

JUL 03 2014

RESPONDENT

BOARD OF COMMISSIONERS
ON GRIEVANCES & DISCIPLINE

COMPLAINT AND
CERTIFICATE

TRUMBULL COUNTY BAR ASSOCIATION :
CERTIFIED GRIEVANCE COMMITTEE :
120 HIGH STREET, NW :
P.O. BOX 4222 :
WARREN, OHIO 44482 :

(RULE V OF THE SUPREME
COURT RULES FOR THE
GOVERNMENT OF THE BAR
OF OHIO)

RELATOR

1. Relator says that Respondent, RALPH A. ZUZOLO JR., Ohio Supreme Court Registration No. 0065146, was admitted to practice law in the State of Ohio on November 13, 1995.

2. Respondent is subject to the Rules of Professional Conduct and the Rules for the Government of the Bar of Ohio and has heretofore been given notice of all of the allegations of this Complaint and the opportunity to respond to thereto.

3. This Complaint is filed as a result of an investigation conducted by the Trumbull County Bar Association Certified Grievance Committee and a majority of the Committee members constituting a quorum determining that this Complaint is warranted.

4. Respondent practices as a partner in the firm of ZUZOLO, ZUZOLO, ZUZOLO &

ZUZOLO with multiple offices, which at the time of the disciplinary events discussed below were located in Niles, Ohio, Warren, Ohio, Poland, Ohio, and Youngstown, Ohio. Respondent holds himself out as a general practitioner but one also versed in handling social security disability claims.

5. To Relator's knowledge Respondent has not previously been the subject of disciplinary proceedings.

COUNT ONE

(THE JOHN A. THOMAS MASTER)

6. Respondent was retained by JOHN A. THOMAS (hereafter "Thomas") to represent Thomas in a social security claim for disability benefits in an action before the Social Security Administration (the Claim Number utilized in the Social Security Administration is the social security number of Thomas and, therefore, it will not be set forth in this document).

7. On or about January 25, 2010, Thomas signed a fee agreement for Respondent to represent Thomas in a social security disability case and on February 12, 2010, Respondent's legal assistant submitted a request for reconsideration, disability report-appeal along with copies the appointment of representation and fee agreement with the Social Security Administration. See **Exhibit 1**" (the fee agreement) and **Exhibit "2"** (2/12/2010 letter).

8. Respondent had Thomas sign a request for hearing by an Administrative Law Judge but did not file the request with the Social Security Administration nor inform Thomas that Respondent had declined to file the executed request for hearing. See attached **Exhibit "3"**.

9. Respondent videotaped Thomas's testimony and Respondent told Thomas that the videotaped testimony would be submitted to SSA in lieu of an actual hearing.

10. The submission of videotaped testimony in lieu of hearing before the Social Security Administration would be highly unusual and could not occur without the submission of the request for hearing by an Administrative Law Judge.

11. Although Thomas had been hospitalized for decompensation and Respondent's File contained a letter where Thomas had been hospitalized for the decompensation, Respondent never attempted to acquire the hospitalization records nor submitted them to the Social Security Administration in the reconsideration appeal process.

12. Thomas's request for reconsideration of his claim was denied in June, 2010. (See attached **Exhibits "4 and 5"**).

13. Respondent did not advise Thomas that his claim had been denied nor did Respondent file an appeal of the June 10, 2010, social security denial.

14. Subsequently, Respondent told Thomas that his claim for disability had been approved.

15. Respondent indicated to Thomas that his claim had been approved and showed him a notice of benefits indicating that Thomas had prevailed, the form setting forth the amounts Thomas was to receive, even though at the time his reconsideration had been denied and no such appeal was pending.

16. Respondent prepared a Brief to the SSA Office of Disability Adjudication and Review but never submitted the Brief to SSA.

17. On August 28, 2013, Respondent filed a new disability application for Thomas without Thomas's knowledge or consent. A copy of the web page from the day indicating the application number for the new disability application was included in the file given to the Grievant when he requested his file in November, 2013, but Respondent subsequently produced a

web page allegedly signed by Thomas to Relator's Investigator when the investigation began which was not included in Thomas's file when Thomas received it from Respondent in November, 2013, some five (5) months earlier. Thomas denies signing the web page or any knowledge of its existence prior to receiving his file after terminating the attorney-client relationship.

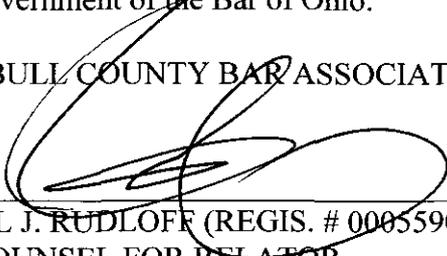
18. Respondent's conduct, as described in the foregoing paragraphs, violates the Rules of Professional Conduct, to-wit:

- a. Rule 1.3: "A lawyer shall act with reasonable diligence and promptness in representing the client."
- b. Rule 1.4: "A lawyer shall keep a client reasonably informed about the status of the matter and comply as soon as practicable with the reasonable requests of the client."

CONCLUSION

WHEREFORE, pursuant to Gov. Bar R.V. and the Rules of Professional Conduct, Relator states that Respondent is chargeable with misconduct and requests that Respondent be disciplined pursuant to Rule V of the Rules of the Government of the Bar of Ohio.

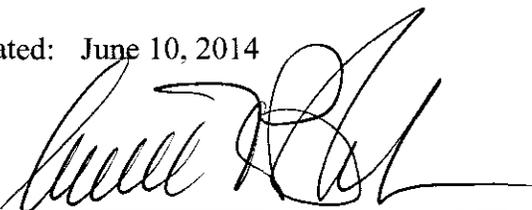
TRUMBULL COUNTY BAR ASSOCIATION

BY: 
RANDIL J. RUDLOFF (REGIS. # 0005590)
BAR COUNSEL FOR RELATOR
TRUMBULL COUNTY BAR ASSOCIATION
CERTIFIED GRIEVANCE COMMITTEE
151 EAST MARKET STREET
P.O. BOX 4270
WARREN, OHIO 44482
Phone: (330) 393-1584
Fax: (330) 395-3831
E-mail: rudloffrj@gsfirm.com

CERTIFICATION

The undersigned, Samuel F. Bluedorn, Chairman of the Trumbull County Bar Association Certified Grievance Committee, hereby certifies that Randil J. Rudloff is authorized to represent the Relator in the premises and has accepted the responsibility of prosecuting the Complaint to its conclusion. After investigation, Relator believes reasonable cause exists to warrant a hearing on such complaint.

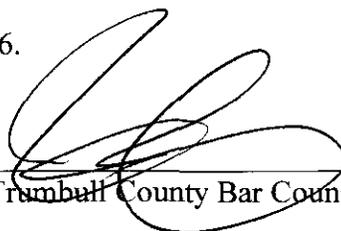
Dated: June 10, 2014



SAMUEL F. BLUEDORN, CHAIRMAN
TRUMBULL COUNTY BAR ASSOCIATION
CERTIFIED GRIEVANCE COMMITTEE

CERTIFICATE OF SERVICE

Relator certifies that it has served a copy of the foregoing Complaint by both ordinary and certified U.S. mail this 11th day of June, 2014, upon Ralph A. Zuzolo, Jr., 700 Youngstown-Warren Road, Niles, Ohio, 44446.



Randil J. Rudloff, Trumbull County Bar Counsel



ZUZOLO, ZUZOLO, ZUZOLO & ZUZOLO ATTORNEYS AND COUNSELORS AT LAW

(1942-2005) RALPH A. ZUZOLO, SR
CHRISTOPHER P. ZUZOLO
RALPH A. ZUZOLO, JR.
PHILIP D. ZUZOLO

NILES (MAIN OFFICE)
700 YOUNGSTOWN-WARREN ROAD
NILES, OHIO 44448
(330) 852-1809
(330) 852-9421

HOWLAND
7011 E. MARKET STREET
WARREN, OHIO 44484
(330) 856-8888
FAX: (330) 856-8888

POLAND
60 S. MAIN
POLAND, OHIO 44814
(330) 707-1880
FAX: (330) 707-1884

AUSTINTOWN
8437 MAHONING AVE STE 6
YOUNGSTOWN, OHIO 44515
(330) 797-8690
FAX: (330) 797-8655

FEE AGREEMENT SOCIAL SECURITY DISABILITY

I hereby employ RALPH A. ZUZOLO to represent me in Social Security Disability case, and authorize representatives of ZUZOLO, ZUZOLO and ZUZOLO to review my Social Security claim.

We agree that if SSA favorably decides my claim, at any decision level, I will pay my Representative a fee of either 25 percent of the past due benefits resulting from my claim, or \$6,000 whichever is less. There will be no charge if my claim is denied.

No Representative fee will be charged if we do not win. I have not been promised I would win.

A separate fee agreement, independent of this one, will be used for any federal court work done. This agreement is for agency work only and is not a guarantee of representation outside of the Social Security Administration's appeals process.

I understand that Social Security past due benefits are the total amount of money to which I and my family become entitled through the month before the month SSA effectuates a favorable administrative determination or decision on my claim.

I agree to let my Representative know as soon as I get any money from Social Security so he can collect his fee.

We have both received signed copies of this agreement.

Dated 1/25/2010

John Thomas
(Signature)

ACCEPTED AND APPROVED

By Ralph A. Zuzolo
Ralph A. Zuzolo

John Thomas
(Name, printed or typed)

APPROVAL OF FEE AGREEMENT

I approve the fee agreement between this claimant and his or her 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 of any other aspect of the fee agreement.

Date

Adjudicator



TCBA

VS

RALPH A.ZUZULO, JR.

R. ZUZULO_EXHIBIT 2.pdf



ZUZOLO, ZUZOLO & ZUZOLO
ATTORNEYS AND COUNSELORS AT LAW

RALPH A. ZUZOLO, SR.
CHRISTOPHER P. ZUZOLO
RALPH A. ZUZOLO, JR.

MAIN OFFICE
700 YOUNGSTOWN-WARREN ROAD
NILES, OHIO 44448
(330) 652-1609

FAX: (330) 852-9421

701 E. MAPKEY STREET
WARREN, OHIO 44424
(330) 858-6888

FAX: (330) 858-6895

80 S. MAIN
POLAND, OHIO 44514
(330) 707-1850

FAX: (330) 707-1854

February 12, 2010

Social Security Administration
354 E Federal Street
Youngstown, Ohio 44503-1820

RE: John A Thomas
SSN: 289-62-3872

TO WHOM IT MAY CONCERN:

Please be advised that Ralph Zuzolo represents the above named claimant in their Social Security claim. Enclosed are a request for Reconsideration, Disability Report-Appeal, and copies of our Appointment of Representation and Fee Agreement.

Please process these forms and return the dated stamped claimant and representative copies to our Niles office. Feel free to call me at the number above if you have any questions regarding this matter.

Thank you,

ZUZOLO, ZUZOLO, AND ZUZOLO

Alisa J. McRoberts
Legal Assistant



TCBA

VS

RALPH A.ZUZULO, JR.

R. ZUZULO_EXHIBIT 3.pdf

SOCIAL SECURITY ADMINISTRATION
OFFICE OF DISABILITY ADJUDICATION AND REVIEW

Form Approved
OMB No. 0960-0289

REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

(Take or mail the signed original to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)

See
Privacy Act Notice

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT	3. SOC. SEC. CLAIM NUMBER	4. SPOUSE'S CLAIM NUMBER
-------------	------------------------------	---------------------------	--------------------------

5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination made on my claim because:

An Administrative Law Judge of the Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

6. I have additional evidence to submit. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Check one of the blocks: <input checked="" type="checkbox"/> I wish to appear at a hearing. <input type="checkbox"/> I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form FIA-1608)
Name and address of source of additional evidence: <u>Will submit upon obtaining</u>	
(Please submit it to the hearing office within 10 days. Your servicing Social Security Office will provide the address. Attach an additional sheet if you need more space.)	

You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. (If you are represented and have not done so previously, complete and submit form SSA-1696 (Appointment of Representative).)
[You should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 9.]
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.

8. (CLAIMANT'S SIGNATURE) <u>John Thomas</u> (DATE)	9. (REPRESENTATIVE'S SIGNATURE/NAME) <u>LaColandro</u> (DATE)
ADDRESS <u>23 Massachusetts Ave.</u>	(ADDRESS) <input checked="" type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY; <u>700 Youngstown-Warren Rd</u>
CITY <u>Poland</u> STATE <u>OH</u> ZIP CODE <u>44514</u>	CITY <u>Niles</u> STATE <u>OH</u> ZIP CODE <u>44446</u>
TELEPHONE NUMBER <u>(330) 881-9173</u> FAX NUMBER ()	TELEPHONE NUMBER <u>(330) 652-1609</u> FAX NUMBER <u>(330) 652-9421</u>

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION: ACKNOWLEDGMENT OF REQUEST FOR HEARING

10. Request received for the Social Security Administration on: (Date) _____ (Print Name) _____	
(Title) _____ (Address) _____ (Servicing FO Code) _____ (FO Code) _____	
11. Was the request for hearing received within 65 days of the reconsidered determination? <input type="checkbox"/> YES <input type="checkbox"/> NO If no is checked, attach claimant's explanation for delay and attach copy of appointment notice, letter, or other pertinent material or information in the Social Security office.	
12. Claimant is represented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> List of legal referral and service organizations provided	13. Check all status types that apply: <input type="checkbox"/> Title I only (RSI) <input type="checkbox"/> Title II Disability-worker or child only (DIW/C) <input type="checkbox"/> Title II Disability-widow(er) only (DIW/W) <input type="checkbox"/> SSI Aged only (SSIA) <input type="checkbox"/> SSI Blind only (SSIB) <input type="checkbox"/> SSI Disability only (SSID) <input type="checkbox"/> SSI Aged/Title II (SSAC) <input type="checkbox"/> SSI Blind/Title II (SSBC) <input type="checkbox"/> SSI Disability/Title II (SSDC) <input type="checkbox"/> HI Entitlement (HIE) <input type="checkbox"/> Title VIII Only (SVB) <input type="checkbox"/> Title VIII/Title XVI (SVB/SSI) <input type="checkbox"/> Other - Specify: _____
13. Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Language (including sign language): _____	
14. Check one: <input type="checkbox"/> Initial Enrollment Case <input type="checkbox"/> Disability Cessation Case <input type="checkbox"/> Other Post-entitlement Case	
16. NO COPY SENT TO: (H) on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title VIII; or <input type="checkbox"/> Title II CF held in FO to establish CAPS ORBIT; or <input type="checkbox"/> CF requested: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title VIII (Copy of teletype or phone report attached)	
17. OF COPY SENT TO: (H) on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input checked="" type="checkbox"/> Title XVI; <input type="checkbox"/> Other Attached: _____	



TCBA

VS

RALPH A.ZUZULO, JR.

R. ZUZULO_EXHIBIT_4.pdf

Supplemental Security Income Notice

From: Social Security Administration



NOTICE OF RECONSIDERATION - DISABILITY

Date: June 18, 2010
Claim Number: 289-62-3872

JOHN A THOMAS
23 MASSACHUSETTS
POLAND OH 44514

Reconsideration Filed: 02/17/2010

Upon receipt of your request for reconsideration, we had your claim independently reviewed by a physician and disability examiner in the State agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. We find that the previous determination denying your claim was proper under the law.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.

Explanation Of Determination

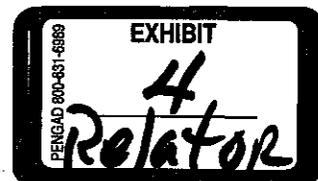
The reports listed on our previous notice along with those listed below, if any, were used to evaluate your disability.

PHILLIP MALVASI DO report received 04/08/2010
NICHOLAS ATANASOFF DO report received 03/23/2010
RALPH A ZUZOLO - No report received

In making a determination on your claim we reviewed all of the evidence available to us from your initial claim as well as updated medical records and new evidence that was submitted. After a thorough review of the evidence in file we have determined that while you do have symptoms and diagnosis that support your allegations they do not prevent you from working. The evidence shows that you can care for yourself, act in your own best interest, move about freely, walk normally and complete your daily activities and routines without assistance. Based on this evidence we have determined that you can perform work activity.

We realize that your condition prevents you from doing your past jobs, if any, but it does not prevent you from doing other work which is simple, routine, and less physically demanding.

XXX-XX-3872 THOMAS, JOHN A



If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Disability Adjudication and Review. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office or on the Internet at <http://socialsecurity.gov/disability/appeal>. As part of the appeal process, you also need to tell us about your current medical condition. We provide a form for doing that, the Disability Report-Appeal. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the report online after you complete the online Request for Hearing by Administrative Law Judge. Read the enclosed leaflet for a full explanation of your right to appeal.

If You Want Help With Your Appeal

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

New Application

You also have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing, you might lose some benefits, or not qualify for any benefits. So, if you disagree with this decision, you should ask for an appeal within 60 days.

This determination refers only to your claim for Supplemental Security Income Payments. You will be notified separately if you also filed a claim for Social Security benefits.

Please get in touch with Social Security if you believe this decision is wrong or you have any questions or need more information. Most questions can be handled by phoning or writing any Social Security office. If you visit a Social Security office, please bring this notice with you. If the decision in your case is based on incorrect information, we will be happy to make whatever change is necessary.

If You Disagree With The Decision

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Disability Adjudication and Review. If you want a hearing you must request it not later than 60 days from the date you receive this notice. If you wait longer than 60 days, we will not conduct a hearing review of our decision unless you have a good reason for the delay. You may make your request through any Social Security office or on the Internet at <http://socialsecurity.gov/disability/appeal>. As part of the appeal process, you also need to tell us about your current medical condition. We provide a form for doing that, the Disability Report-Appeal. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the report online after you complete the online Request for Hearing by Administrative Law Judge. Read the enclosed leaflet and the reverse of this notice for a full explanation of your right to appeal.

If you request a hearing, your case will be assigned to an administrative law judge of the Office of Hearings and Appeals. The administrative law judge will let you know when and where your case will be heard.

The hearing proceedings are informal. The administrative law judge will summarize the facts in your case, explain the law and state what must be decided. Then you will have an opportunity to explain why you disagree with the decision made in your

case, to present additional evidence and to have witnesses testify for you. You can also request the administrative law judge to subpoena unwilling witnesses to appear for cross-examination and to bring with them any information about your case. You have the right to request the administrative law judge to issue a decision based on the written record without you personally appearing before him/her. If you decide not to appear at the hearing, you still have the right to submit additional evidence. The administrative law judge will base the decision on the evidence in your file plus any new evidence submitted.

Additional Information About Your Claim

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 your County Welfare Department.

James Martin
Chicago Regional Commissioner

Enclosure:
SSA Pub. No. 70-10281

7D lrx092

397

RALPH A ZUZOLO
700 YOUNGSTOWN-WARREN
NILES OH 44446

2878439 THOMAS, JOHN A

XXX-XX-3872 THOMAS, JOHN A

TCBA

VS

RALPH A.ZUZULO, JR.

R. ZUZULO_EXHIBIT_5.pdf

Social Security Notice

From: Social Security Administration

NOTICE OF RECONSIDERATION

JOHN A THOMAS
23 MASSACHUSETTS
POLAND OH 44514

Date: June 18, 2010
Social Security Number: 289-62-3872

Disability Insurance Benefits

Upon receipt of your request for reconsideration, we had your claim independently reviewed by a physician and disability examiner in the State agency which works with us in making disability determinations. The evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. We find that the previous determination denying your claim was proper under the law.

The determination on your claim was made by an agency of the State. It was not made by your own doctor or by other people or agencies writing reports about you. However, any evidence they gave us was used in making this determination. Doctors and other people in the State agency who are trained in disability evaluation reviewed the evidence and made the determination based on Social Security law and regulations.

Explanation Of Determination

The reports listed on our previous notice along with those listed below, if any, were used to evaluate your disability.

PHILIP MALVASI DO report received 04/08/2010
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RALPH A EUZOLO - No report received

In making a determination on your claim we reviewed all of the evidence available to us from your initial claim as well as updated medical records and new evidence that was submitted. After a thorough review of the evidence in file we have determined that while you do have symptoms and diagnosis that support your allegations they do not prevent you from working. The evidence shows that you can care for yourself, act in your own best interest, move about freely, walk normally and complete your daily activities and routines without assistance. Based on this evidence we have determined that you can perform work activity.

We realize that your condition prevents you from doing your past jobs, if any, but it does not prevent you from doing other work which is simple, routine, and less physically demanding.

XXX-XX-3872 THOMAS, JOHN A



If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Office of Disability Adjudication and Review. If you want a hearing, you must request it not later than 60 days from the date you receive this notice. You may make your request through any Social Security office or on the Internet at <http://socialsecurity.gov/disability/appeal>. As part of the appeal process, you also need to tell us about your current medical condition. We provide a form for doing that, the Disability Report-Appeal. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete the report online after you complete the online Request for Hearing by Administrative Law Judge. Read the enclosed leaflet for a full explanation of your right to appeal.

If You Want Help With Your Appeal

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers 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 lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

New Application

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing:

- * you might lose some benefits, or not qualify for any benefits, and
- * we could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision, you should file an appeal within 60 days.

This decision refers only to your claim for benefits under the Social Security Disability Insurance Program. If you applied for other benefits, you will receive a separate notice when a decision is made on that claim(s).

Requirements For Disability Benefits

Disability Insurance Benefits

To be considered disabled, a person must be unable to do any substantial gainful work due to a medical condition which has lasted or is expected to last for at least 12 months in a row. The condition must be severe enough to keep a person from working not only in his or her usual job, but in any other substantial gainful work. We look at the person's age, education, training, and work experience when we decide whether he or she can work.

If You Have Any Questions

If you have any questions you may call us toll free at 1-800-772-1213, or call your Local Social Security office at (330) 747-1496. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

354 EAST FEDERAL STREET
YOUNGSTOWN OH 44503

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.

XXX-XX-3872 THOMAS, JOHN A

James Martin
Chicago Regional Commissioner

Enclosure:
SSA Pub. No. 70-10281

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