

IN THE SUPREME COURT OF OHIO

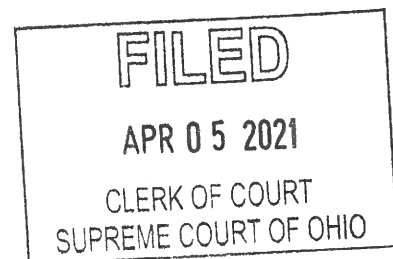
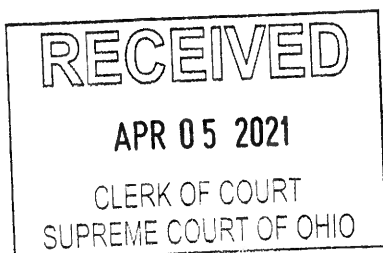
SOPHIA TULLY	:	Supreme Court Case No.
Relator-Appellant,	:	21-0381
	:	
v.	:	Civil Court Case No.
	:	2:20-CV-163
ANDREW SAUL,	:	
COMMISSIONER OF SOCIAL SECURITY	:	AMENDED COMPLAINT FOR WRIT
Respondent-Appellee,	:	OF MANDAMUS

AMENDED COMPLAINT FOR WRIT OF MANDAMUS

A case of United States Constitutional importance, far beyond the particular facts and parties involved, deserving of national attention, actions for personal financial gain violate Americans the United States Constitutional Right to have a full, fair, impartial administration of justice.

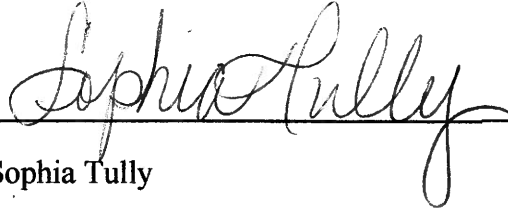
Sophia Tully
2584 Burlawn Ct.
Columbus, Ohio 43235
(740) 953-9885

Commissioner of Social Security, Andrew Saul
6401 Security Blvd.,
Baltimore, Maryland 21235
(410) 965-8904



Certificate of Service

I certify that a copy of this complaint for a writ of mandamus was sent by ordinary mail to the Commissioner of Social Security, Andrew Saul, 6401 Security Boulevard, Baltimore, Maryland, 21235-6401.



Sophia Tully

Sworn to and subscribed before me, a Notary Public in and for said County and State, this 2nd day of April, 2021.





Notary Public, State of Ohio

IN THE SUPREME COURT OF OHIO

SOPHIA TULLY	:	
Relator-Appellant,	:	Supreme Court Case No.
	:	21-0381
v.	:	
	:	Civil Court Case No.
ANDREW SAUL,	:	2:20-CV-163
COMMISSIONER OF SOCIAL SECURITY	:	
Respondent-Appellee,	:	
	:	AMENDED COMPLAINT OF
	:	WRIT OF MANDAMUS

State of OHIO)	
)	SS: XXX-XX-3361
County of FRANKLIN)	

I, Sophia Tully, being of lawful age, declare under penalty of perjury, under the laws of the United States of America hereby state the following is true and correct:

1. I have personal knowledge of all facts set forth in this affidavit, and am competent to testify concerning the same.
2. A case involving a substantial constitutional question, including an appeal from the decision of a court of appeals, App. R. 26(B) in a non capital case, pursuant to Article IV, Section 2 (B)(2)(a)(ii) of the Ohio Constitution.
3. A case of great public interest pursuant to Article IV, Section 2(B)(2)(e) of the Ohio Constitution.
4. Relief sought: Modify respondent's decision and grant monthly maximum insurance benefits to the relator, retroactive to the date of initial disability.

5. Except where noted, all the following evidence is directly located in the Law Office of O'Connor, Accaini & Levy Social Security Administration attorney case file.
6. Every decision-making judge, in this case, ignored the fact, the Law Office of O'Connor, Accaini & Levy, representatives, in this case, **December 11, 2017 until July 26, 2019, (See Exhibit A, p. 1-5)**, surreptitiously infiltrated, deliberately delayed and sabotaged my Social Security Disability Administration case file, when they were **not** representatives, in this case, at that time, displaying egregious acts of negligence reaching the magnitude of legal malpractice.
7. Creating two diametrically opposed Social Security Administration cases, both submitted without an original Birth Certificate, Social Security card, or current Ohio drivers license, a tactic designed to deny a clearly erroneous SSI case at the Administration Law Judge Hearing, in **Marion County**, misspelling the last name, "TULLEY, fabricating an erroneous Social Security number, falsifying court documents and transcripts, failing to disclose all relevant facts and evidence in the case, where Federal Law put a **\$6,000 administrative cap**, on the previous attorney, in this case, Attorney Julie Anne Hall, the Law Office of Cutter, Hall & Karlock, LLC, representatives, in this case, **April 11, 2017, until November 07, 2017, (See Exhibit B, p. 1-3)**.
8. Simultaneously, in **Franklin County**, a factual verifiable SSDI case, containing the true accurate medical and surgical evidence, a May 08, 2019, OhioHealth, Dr. Ronald Lakatos, Physical Assessment, signed, dated, handwritten, Social Security Administration documents and statements, which were withheld from the, June 19, 2019, ALJ Hearing.
9. The attached, August 19, 2020, Judge James L. Graham, OPINION AND ORDER, (**Page 4**), "The court notes that records from Ronald Lakatos, M.D. and Grant Hospital were

LATER made part of the administrative record before the ALJ. **See Exhibit 6F, 8F, 9F and 10F,** malicious egregious actions designed to reach, "SERVICES BEYOND APPEALS COUNCIL," where, **in an appeal,** the Law Office of O'Connor, Accaini & Levy would have the power to petition the court for **more than 25%** of the total backpay **without a cap.** (*See Again Exhibit A, p. 2 & 4*)

10. (*See Exhibit C, p. 1-4*), Irrefutable evidence display and document a, "deep rooted," Social Security Administration SCAM, malicious actions done in, "**bad faith,**"
11. (*See Exhibit D, p. 1-2*), **June 06, 2017,** A suspicious unsigned, Cutter, Hall & Karlock, change of address: "650 VanBuren Drive, Apt. 122, Columbus, OH, 43229." A fabricated, erroneous mailing address, re-routing all Social Security Disability Administration mail to, **VanBuren Homeless Shelter,** where the mail was returned to the Franklin County Social Security Administration field office and withheld, on its own, irrefutable evidence, from **June 06, 2017 to June 10, 2019,** no Social Security Administration mail had been received, making it impossible to have made the erroneous fabricated typed, unsigned, undated statements, documents and fabricated phone interviews with Franklin County Social Security Administration field office employees, **that do not exist,** creating the fabricated erroneous documents and statements, which I have been confined.
12. (*See Exhibit E, p. 1-3*), Malicious actions, insuring a larger personal financial gain for themselves, keeping me oblivious to the back door communications between the Law Office of O'Connor Accaini & Levy and Administrative Law Judge Noceba Southern in surreptitiously postponing a March 08, 2019, Social Security Disability Administrative Law Judge Hearing.

13. **(See Exhibit F), October 17, 2017, Law Office of O'Connor, Accaini & Levy,**
SOCIAL SECURITY INTAKE SHEET, Misc: Received notice of reconsideration,
BIOGRAPHICAL INFORMATION: SSN: 555-55-3361
NOTE: An erroneous Social Security number, all other Biographical Information,
including the street address, is correct.
14. **(See Exhibit G), November 03, 2017, Law Office of O'Connor, Accaini & Levy,**
"A Legal Professional Association, RE: Disability Claim," Sherelle A.Dulaney, Paralegal
for Attorney Beth J. Nacht.
15. **(See Exhibit H, p. 1-2), An April 07, 2017, Law Office of Cutter, Hall & Karlock,**
Objection To Appearing By Video Teleconference, re-submitted, **November 09, 2017.**
16. **(See Exhibit I), February 13, 2018,** In an effort to maintain the elaborate facade
Attorney Julie Anne Hall, has continued to be the representative, in this case, in
Marion County a request was made for a second letter of withdraw, continuously
misspelling the last name.
17. #1 **(See Exhibit J, p. 1-3), March 07, 2017**
(p. 1) Supplemental Security Income Notice
(p. 2) Disability and Blindness Requirements To Get Supplemental Security Income
(p. 3) Franklin County
#2 **(See Exhibit K, p. 1-3), March 07, 2017**
(p. 1) Social Security Notice Disability Insurance Benefits
(p. 2) Requirements For Disability Benefits Disability Insurance Benefits
(p. 3) Franklin County

18. #1 (See Exhibit L), October 11, 2017
(p. 2) Marion County
(p. 3) CC: ATTORNEY JULIE ANNE HALL
#2 (See Exhibit M, p. 1-3), October 11, 2017
(p. 2) Marion County
(p. 3) NO CC: ATORNEY JULIE ANNE HALL
19. (See Exhibit N), October 23, 2017, unsigned, Attorney Julie Anne Hall, **NOTICE TO REPRESENTATIVE OF CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION.**
20. #1 (See Exhibit O, p. 1-2), October 26, 2017
"Representative"
#2 (See Exhibit P, p. 1-2), October 26, 2017
"Claimant"
21. (See Exhibit Q, p. 1-6), Re-examining the June 19, 2019, ALJ Hearing List of Exhibits, (p. 4-5), Exhibit 6F, 8F, 9F, and 10F, had been received prior to the ALJ hearing and withheld. Note: ALJ List of Exhibits ending at 16F.
22. (See Exhibit R, p. 1-4), Re-examining the June 19, 2019, Social Security Administration ERE: Electronic Folder, List of Exhibits, (p. 4), Exhibit 6F, 8F, 9F, and 10F, had been received prior to the ALJ hearing and withheld. Note: Social Security ERE: document **AN INCOMPLETE LIST OF EXHIBITS**, ending at 10F.
23. (See Exhibit S, p 1-29), June 19, 2019, ALJ SS Hearing **Medical Summary**
Exhibit 6F: June 29, 2017, OhioHealth Orthopedic Surgeon Dr. Ronald Lakatos,
(p. 2, 11-12, 16-17), AKA Exhibit A/4, (See Also Exhibit T)

Document Medical Opinion: "Ms. Tully is currently unable to work at this time. She is currently undergoing treatment on her lumbar spine. Her return to work date is unknown at this time. She may require another procedure."

Exhibit 8F: Grant Medical Center, Part 1 4/7/17-12/5/18

Patient Active Problem List: (p. 14-17)

- Disc degeneration, lumbar
- Low back pain
- Lumbar disc herniation with radiculopathy
- Protrusion of lumbar intervertebral disc
- Lumbar radiculopathy
- Spinal stenosis of lumbar region
- Status post lumbar surgery

Exhibit 9F: Grant Medical Center, Part 2 4/7/17-12/5/18

POSTOPERATIVE DIAGNOSIS: failed back syndrome: (p. 17-19)

Exhibit 10F: Ronald Lakatos, MD, Ohio Orthopedic Surgeon, 4/3/17-1/21/19

Patient Active Problem List: (p. 19-21)

- Low back pain
- Protrusion of lumbar intervertebral disc
- Lumbar disc herniation with radiculopathy
- Chronic right SI joint pain, Lumbar radiculopathy
- Disc degeneration, lumbar
- Spinal stenosis of lumbar region

- Status post lumbar surgery
- Chronic pain syndrome
- Bilateral sacroilitis (HCC)

(p. 21), OhioHealth/ Grant Hospital Dr. Ronald Lakatos, Orthopedic Surgeon

- December 12, 2017: PROCEDURE PERFORMED: L5-L6 anterior lumbar arthrodesis
POSTOPERATIVE DIAGNOSIS: Lumbar disc degeneration disc herniation, degenerative scoliosis
- June 09, 2017: PROCEDURE PERFORMED: Lumbar discography L3-S1
POSTOPERATIVE DIAGNOSIS: Chronic low back pain, disc degeneration

24. The July 03, 2019, Administrative Law Judge Noceeba Southern Hearing Decision contains the following bias fabricated malicious statements.

(Page 8), "In this context, it is noteworthy that the **claimant was socially appropriate** at the hearing and in fact was quite polite and cooperative."

(Page 12), "Notably, the claimant through her representative stated at the hearing that the claimant's physical impairments and related symptoms do not individually or in combination meet or medically equal the severity of the criteria of any Listings as of the alleged onset date of disability." **NO EXHIBIT**

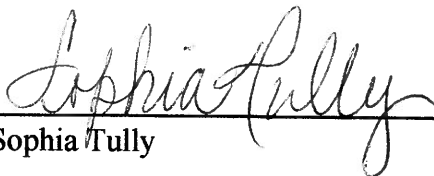
25. **(See Exhibit U)**, February 25, 2021, a case returned by the United States Court of Appeals for the Sixth Circuit, Alicia Harden, Case Management Supervising Attorney, "To the extent your brief can be construed as a notice of appeal, it is untimely; Federal Rule of Appellant Procedure 4(a)(1)(B) permits 60 days to file a notice of appeal when one of the parties is a United States agency." **A "materially," false statement,**

26. (See Exhibit V, p. 1-6), January 06, 2020, Notice of Appeal of the November 11, 2019, final decision of the Commissioner of Social Security.
27. New Evidence, (See Exhibit W, p. 1-10), five suspicious **CITIBANK GOVERNMENT CARD SERVICES**, account statements, containing multiple different names and multiple different account numbers, documenting unusual suspicious transaction activity, ironically all share the same mailing address as the Clerk of the United States Court of Appeals for the Sixth Circuit, "100 E. 5th St., Room 540 US Courthouse, Cincinnati, Ohio, 45202."

Among reasonable people, actions "Arbitrary and Capricious," outside the jurisdiction of the court and prejudicial to the effective and expeditious administration of the business of the courts. Clear and convincing direct evidence the Commissioner's decision is not supported by substantial evidence and was not made pursuant to proper legal standards.

I, Sophia Tully, have read this Affidavit consisting of 27 numbered paragraphs and state under oath to have personal knowledge of all facts set forth in this affidavit.


I am competent to testify concerning all matters stated in this affidavit.



Sophia Tully

Sworn to and subscribed before me, a Notary Public in and for said County and State, this 2nd day of April, 2021





Notary Public

Social Security Administration
Please read the instructions before completing this form. Form Approved OMB No. 0980-0527

Name (Claimant) (Print or Type) Sophia Tulley	Social Security Number 3361
Wage Earner (If Different)	Social Security Number

Part I CLAIMANT'S APPOINTMENT OF REPRESENTATIVE

I appoint this individual, 0-Corner, Acaciae Law 600 Vine St, Ste 1600 Cincinnati, OH 45202-2429

to act as my representative in connection with my claim(s) or asserted right(s) under:

- Title II (RSDI)
 Title XVI (OSI)
 Title XVIII (Medicare)
 Title VIII (SVB)

This individual may, entirely in my place, make any request or give any notice, give or draw out evidence or information, get information, and receive any notice in connection with my pending claim(s) or asserted right(s).

- I authorize the Social Security Administration to release information about my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g. clerks), partners, and/or parties under contractual arrangements (e.g. copying services) for or with my representative.
- I appoint, or I now have, more than one representative. My principal representative is:

Signature (Claimant) <i>Sophia Tulley</i>	Address 7900 Concord Rd. Delaware, OH 43016	
Telephone Number (with Area Code) 720-230-8340	Fax Number (with Area Code)	Date 12/11/2017

Part II REPRESENTATIVE'S ACCEPTANCE OF APPOINTMENT

I, Beth S. Nacht, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

- Check one: I am an attorney.
 I am a non-attorney eligible for direct payment under SSA law.
 I am a non-attorney not eligible for direct payment.

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. YES NO

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency. YES NO

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.

Signature (Representative) <i>Beth S. Nacht</i>	Address 600 Vine St. Ste 1600 Cincinnati, OH 45202-2429	
Telephone Number (with Area Code) 513 241 7197	Fax Number (with Area Code)	Date 12/11/2017

Part III FEE ARRANGEMENT

(Select an option, sign and date this section.)

- I am charging a fee and requesting direct payment of the fee from withheld past-due benefits. (SSA must authorize the fee unless a regulatory exception applies.)
- I am charging a fee but waiving direct payment of the fee from withheld past-due benefits --I do not qualify for or do not request direct payment. (SSA must authorize the fee unless a regulatory exception applies.)
- I am waiving fees and expenses from the claimant and any auxiliary beneficiaries --By checking this block I certify that my fee will be paid by a third-party entity or government agency, and that the claimant and any auxiliary beneficiaries are free of all liability, directly or indirectly, in whole or in part, to pay any fee or expenses to me or anyone as a result of their claim(s) or asserted right(s). (SSA does not need to authorize the fee if a third-party entity or a government agency will pay from its funds the fee and any expenses for this appointment. Do not check this block if a third-party individual will pay the fee.)
- I am waiving fees from any source --I am waiving my right to charge and collect any fee, under sections 206 and 1631 (d)(2) of the Social Security Act, I release my client and any auxiliary beneficiaries from any obligations, contractual or otherwise, which may be owed to me for services provided in connection with their claim(s) or asserted right(s).

Signature (Representative) <i>Beth S. Nacht</i>	Date 12/11/2017
--	--------------------

Form Approved OMB No. 0980-0527
Use Prior Editions Until Exhausted

FILE COPY

EXHIBIT A

P.1

O'CONNOR, ACCIANI & LEVY CO., LPA

CONTINGENCY FEE AGREEMENT for SOCIAL SECURITY DISABILITY

REPRESENTATION: I, the undersigned Claimant (or Claimant's Legal Guardian or Representative Payee), hereby retain and employ O'Connor, Acciani & Levy Co., LPA Attorneys at Law, to represent me in my claim for Social Security benefits.

CONTINGENCY OF FEE AND SSA APPROVAL: I understand that no attorney fees will be due unless I am awarded Social Security or Supplemental Security Income (SSI) benefits based upon disability. I understand that for a fee to be payable, the Social Security Administration (SSA) must approve any fee my attorney charges or collects from me for services rendered before the SSA.

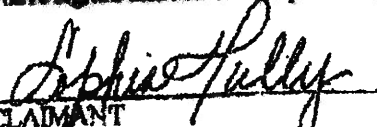
AMOUNT OF FEE: I agree that if Social Security favorably decides my claim or claims, my attorney should be paid a fee equal to 25% of the past due benefits resulting from my claims or \$6000.00 or the applicable maximum dollar amount allowed pursuant to section 206(a)(2)(A) of the Social Security Act, [42 U.S. C. § 406(b)] based on the date SSA approves my fee agreement. That fee is for all services through the initial hearing(s) and one appeal to the Appeals Council.


PAST DUE BENEFITS DEFINED: I understand that "past due benefits" as used above includes all amounts to which I and any auxiliary beneficiaries become entitled through the month prior to the month SSA issues a favorable administrative decision or determination on my claim for benefits, plus any SSI past due benefits.

SERVICES BEYOND APPEALS COUNCIL: Fees for action beyond the initial hearing(s) and first appeal to the Appeals Council will still be 25% of the past due benefits resulting from all claims, and subject to approval by the SSA, but will not be limited to the maximum dollar amount allowed pursuant to section 206(a)(2)(A) of the Social Security Act, [42 U.S. C. § 406(b)].

I also understand and agree that I will be responsible for the costs incurred by my attorneys for copying records, obtaining medical reports, obtaining specialist exams and reports there from, as well as any court costs for filing fees in the federal court should there be an appeal.

I have signed and received copies of this agreement this 11 day of October, 2018.


CLAIMANT


REPRESENTATIVE FOR
O'CONNOR, ACCIANI AND LEVY Co. LPA

FORM 2018-2391
CLAIMANT'S SOCIAL SECURITY #

CLAIMANT'S LEGAL GUARDIAN
(or representative payee)

Name (Claimant) (Print or Type) Sophia Tully	Social Security Number 606-45-3361
Wage Earner (If Different)	Social Security Number

Part 1 - Claimant's Appointment of Representation

I appoint this individual, Rick J. Enriquez 600 Vine St, Suite 1600, Cincinnati, OH 45202

to act as my representative in connection with my claim(s) or asserted right(s) under:

- Title II (RSDI)
 Title XVI (SSI)
 Title XVII (Medicare)
 Title VIII (SVB)

This individual may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I authorize the Social Security Administration to release information about my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g. clerks), partners, and/or parties under contractual arrangements (e.g. copying services) for or with my representative.

I appoint, or I now have, more than one representative. My principal representative is:

Name of Principal Representative **Rick J. Enriquez**

Signature (Claimant) <i>Sophia Tully</i>	Address 7900 Concord Rd. Delaware, OH 43015
Telephone Number (with Area Code) 720-468-1800	Fax Number (with Area Code) Date 10/12/18

Part 2 - Representative's Acceptance of Appointment

I, Rick J. Enriquez, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part 3 satisfies this requirement.)

- Check one: I am an attorney I am a non-attorney eligible for direct payment under SSA law.
 I am a non-attorney not eligible for direct payment.

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. Yes No

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency. Yes No

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.

Signature (Representative) <i>Rick Enriquez</i>	Address 600 Vine St, Suite 1600 Cincinnati, Ohio 45202
Telephone Number (with Area Code) 513-241-7111	Fax Number (with Area Code) Date 513-241-7197 10/12/18

Part 3 - Fee Arrangement

(Select an option, sign and date this section.)

- I am charging a fee and requesting direct payment of the fee from withheld past-due benefits. (SSA must authorize the fee unless a regulatory exception applies.)
 I am charging a fee but waiving direct payment of the fee from withheld past-due benefits - I do not qualify for or do not request direct payment. (SSA must authorize the fee unless a regulatory exception applies.)
 I am waiving fees and expenses from the claimant and any auxiliary beneficiaries - By checking this block I certify that my fee will be paid by a third-party entity or government agency, and that the claimant and any auxiliary beneficiaries are free of all liability, directly or indirectly, in whole or in part, to pay any fee or expenses to me or anyone as a result of their claim(s) or asserted right(s). (SSA does not need to authorize the fee if a third-party entity or a government agency will pay from its funds the fee and any expenses for this appointment. Do not check this block if a third-party individual will pay the fee.)
 I am waiving fees from any source - I am waiving my right to charge and collect any fee, under sections 206 and 1631 (d)(2) of the Social Security Act. I release my client and any auxiliary beneficiaries from any obligations, contractual or otherwise, which may be owed to me for services provided in connection with their claim(s) or asserted right(s).

Signature (Representative) <i>Rick Enriquez</i>	Date 10/12/18
--	-------------------------

File Copy

O'CONNOR, ACCIANI & LEVY CO., LPA

CONTINGENCY FEE AGREEMENT for SOCIAL SECURITY DISABILITY

REPRESENTATION: I, the undersigned Claimant (or Claimant's Legal Guardian or Representative Payee), hereby retain and employ O'Connor, Acciani & Levy Co., LPA Attorneys at Law, to represent me in my claim for Social Security benefits.

CONTINGENCY OF FEE AND SSA APPROVAL: I understand that no attorney fees will be due unless I am awarded Social Security or Supplemental Security Income (SSI) benefits based upon disability. I understand that for a fee to be payable, the Social Security Administration (SSA) must approve any fee my attorney charges or collects from me for services rendered before the SSA.

AMOUNT OF FEE: I agree that if Social Security favorably decides my claim or claims, my attorney should be paid a fee equal to 25% of the past due benefits resulting from my claims or \$6000.00 or the applicable maximum dollar amount allowed pursuant to section 206(a)(2)(A) of the Social Security Act, [42 U.S. C. § 406(b)] based on the date SSA approves my fee agreement. That fee is for all services through the initial hearing(s) and one appeal to the Appeals Council.

PAST DUE BENEFITS DEFINED: I understand that "past due benefits" as used above includes all amounts to which I and any auxiliary beneficiaries become entitled through the month prior to the month SSA issues a favorable administrative decision or determination on my claim for benefits, plus any SSI past due benefits.

SERVICES BEYOND APPEALS COUNCIL: Fees for action beyond the initial hearing(s) and first appeal to the Appeals Council will still be 25% of the past due benefits resulting from all claims, and subject to approval by the SSA, but will not be limited to the maximum dollar amount allowed pursuant to section 206(a)(2)(A) of the Social Security Act, [42 U.S. C. § 406(b)].

I also understand and agree that I will be responsible for the costs incurred by my attorneys for copying records, obtaining medical reports, obtaining specialist exams and reports there from, as well as any court costs for filing fees in the federal court should there be an appeal.

I have signed and received copies of this agreement this 12 day of October, 2018

Sophia Tully
CLAIMANT

Patrick Emergen
REPRESENTATIVE FOR
O'CONNOR, ACCIANI AND LEVY CO., LPA

3361
CLAIMANT'S SOCIAL SECURITY #

CLAIMANT'S LEGAL GUARDIAN
(or representative payee)

O'CONNOR ACCIANI & LEVY

A LEGAL PROFESSIONAL ASSOCIATION

600 Vine Street
Suite 1600
Cincinnati, OH 45202
Telephone: 513-241-7111
Fax: 513-241-7197
Writer's Email:
rje@oal-law.com

RICK J ENRIQUEZ
Attorney At Law

July 26, 2019

The Honorable Noceba Southern
Office of Hearings Operations
401 North Front St., Room 400

Columbus, OH 43215

RE: Sophia Tully
SSN: █████-██-3361

Dear Judge Southern:

I am writing to inform you that I am withdrawing as counsel from Sophia Tully's claim for Supplemental Security. I waive the write to collect any fees. I have notified Sophia of this decision regular mail.

Please call the office with any questions.

Sincerely yours,
O'CONNOR, ACCIANI & LEVY
Rick Enriquez

Rick J Enriquez

RJE:
cc: Sophia Tully

EXHIBIT A

p. 5

Social Security Administration
Please read the instructions before completing this form.

Form Approved
OMB No. 0980-0527

Name (Claimant) (Print or Type) <u>Sophia Tully</u>	Social Security Number <u>██████ - █████ - 3361</u>
Wage Earner (If Different)	Social Security Number - -

Part I
APPOINTMENT OF REPRESENTATIVE
I appoint this person, Kenneth Karlock and Julie Hall of Cutter Hall Karlock LLC

(Name and Address)
to act as my representative in connection with my claim(s) or asserted right(s) under:

- Title II (RSDI) Title XVI (SSI) Title XVIII (Medicare Coverage) Title VIII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

I authorize the Social Security Administration to release information about my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g. clerks), partners, and/or parties under contractual arrangements (e.g. copying services) for or with my representative.

I appoint, or I now have, more than one representative. My main representative is Julie Hall

Signature (Claimant) <u>Sophia Tully</u>	Address <u>2320 Sandman Dr Columbus OH 43235</u>	
Telephone Number (with Area Code) () - -	Fax Number (with Area Code) () - -	Date <u>4/7/17</u>

Part II
ACCEPTANCE OF APPOINTMENT

I, Kenneth Karlock and Julie Hall, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

Check one: I am an attorney. I am a non-attorney eligible for direct payment under SSA law.
 I am a non-attorney not eligible for direct payment.

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney. YES NO

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency. YES NO

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.

Signature (Representative) <u>[Signature]</u>	Address <u>85 E. Gay St., Ste. 500 Columbus OH 43215</u>	
Telephone Number (with Area Code) <u>(614) 221 - 1400</u>	Fax Number (with Area Code) <u>(614) 221 - 2666</u>	Date <u>4/11/17</u>

Part III
FEE ARRANGEMENT

(Select an option, sign and date this section.)

- Charging a fee and requesting direct payment of the fee from withheld past-due benefits. (SSA must authorize the fee unless a regulatory exception applies.)
- Charging a fee but waiving direct payment of the fee from withheld past-due benefits --I do not qualify for or do not request direct payment. (SSA must authorize the fee unless a regulatory exception applies.)
- Waiving fees and expenses from the claimant and any auxiliary beneficiaries --By checking this block I certify that my fee will be paid by a third-party, and that the claimant and any auxiliary beneficiaries are free of all liability, directly or indirectly, in whole or in part, to pay any fee or expenses to me or anyone as a result of their claim(s) or asserted right(s). (SSA does not need to authorize the fee if a third-party entity or a government agency will pay from its funds the fee and any expenses for this appointment. Do not check this block if a third-party individual will pay the fee.)
- Waiving fees from any source --I am waiving my right to charge and collect any fee, under sections 206 and 1631(d)(2) of the Social Security Act. I release my client and any auxiliary beneficiaries from any obligations, contractual or otherwise, which may be owed to me for services provided in connection with their claim(s) or asserted right(s).

Signature (Representative) <u>[Signature]</u>	Date <u>4/11/17</u>
--	------------------------

Form SSA-1696-14 (03-2011) of (03-2011)
Destroy Prior Editions

FILE COPY

EXHIBIT B

p.1

**SOCIAL SECURITY FEE AGREEMENT
TITLE II AND/OR TITLE XVI CLAIMS**

I hereby retain Kenneth P. Karlock and Julie A. Hall, both of Cutter Hall Karlock, LLC, as my attorneys to represent me in connection with my claim for Social Security Disability and/or Supplemental Security Income benefits due myself or any auxiliary beneficiaries by reason of my entitlement to such benefits.

My attorneys and I understand that for a fee to be payable, the Social Security Administration (SSA) must approve any fee my attorneys charge or collect from me for services my attorney provides in proceedings before SSA in connection with my claim(s) for benefits.

We agree that if SSA favorably decides the claim(s) the attorney fee shall be the lesser of one-quarter of the past-due benefits resulting from my claim(s) or \$6,000.00 (or such higher amount as the Commissioner of Social Security may prescribe pursuant to section 206(a)(2)(A) of the Social Security Act). We understand that Social Security past-due benefits are the total amount of money to which I [and any auxiliary beneficiary(ies)] become entitled through the month before the month SSA effectuates a favorable administrative determination or decision on my Social Security claim(s) and that Supplemental Security Income (SSI) past-due benefits are the total amount of money for which I become eligible through the month SSA effectuates a favorable administrative determination or decision on my SSI claim(s). We further understand that this contract covers only services by the attorney in representing the client before the Social Security Administration. Should the client desire to take an appeal of this case to a federal court, the attorney and client will have to come to a separate agreement concerning attorney fees for those services.


I agree that it is my responsibility to pay the attorney fee charged regardless of whether said fee is withheld by the Social Security Administration. In the event the Social Security Administration does not withhold any benefits for direct payment of attorney fees, it remains my obligation to pay any authorized fee in excess of the amount withheld if that amount is approved by the Social Security Administration.

I hereby agree to pay for the costs of investigation, medical records, medical reports, as well as the cost of any consultation or examination deemed necessary by my attorneys in the presentation of my case. I understand that I will be responsible to reimburse my attorneys for all out-of-pocket expenses incurred in pursuing my claim, whether or not benefits are awarded.

I agree that my attorneys may withdraw from this claim at any time if, in their opinion, my claim does not justify further steps or there will be insufficient funds or security for payment of attorney fees or expenses. My attorneys shall, however, be obligated to provide me with reasonable notice that they do not intend to further pursue my case, so that I might have sufficient opportunity to protect my legal rights should I so desire.


This agreement constitutes the entire agreement between me and my attorneys named herein. I hereby acknowledge that I have read and understood the terms of this agreement and that I have been provided with a signed copy of this agreement.

✓ 4/7/17
Date

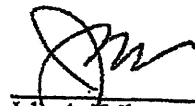
X 
Client's signature

I hereby accept and undertake the representation of the person whose signature appears above upon the terms stated herein.

4/11/17
Date


Kenneth P. Karlock
Attorney At Law

4/11/17
Date


Julie A. Hall
Attorney At Law



James M. Cutter, Esquire
Julie Hall, Esquire
Kenneth P. Karlock, Esquire

www.chklegal.com
Phone: 614-221-1400
Toll Free: 866-599-6220
Fax: 614-221-2666

November 7, 2017

Office of Hearings Operations
Via ERE

Re: **Sophie Tulley, SSN ~~200000-9361~~**

To Whom It May Concern,

We have been asked to withdraw as representatives in this case. Accordingly, we hereby withdraw and ask that our names be removed as attorneys of record.

Very sincerely,

Julie A. Hall
Julie@chklegal.com

Kenneth P. Karlock

MAILING/MAN:
85 E. Gay St. Ste 500
Columbus, OH 43215

2500 N. High St. Ste 120
Columbus, OH 43206

731 E. Main St. Ste 14
Jackson, OH 45640

1525 Offshore St.
Portsmouth, OH 45665

NAME (First, Middle, Last)

Sophie Tulley

SSN 888-88-3301

Birthdate (month/day) 03/11/1970

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, ^{Advanced Educational Programs, informal assessments, psychological and} speech evaluations, and any other records ^{others' observations and evaluations.}
- Information created within 12 months after ^{well as past information.}

FROM WHOM

- All medical sources (hospitals, clinics, lab physicians, psychologists, etc.) including mental health, residential, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

LO
Maman

ADD (as needed) Additional information to identify the specific source, or the material to be disclosed:

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be re-disclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 3 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

IF not signed by subject of disclosure, specify basis for authority to sign

INDIVIDUAL authorizing disclosure

Parent of minor Guardian Other personal representative (explain)

SIGN *Sophie Tulley*

(Parent/guardian/personal representative sign here if two signatures required by State law)

Date Signed _____ Street Address 7600 Concord Rd.
 Phone Number (with area code) 720-230-8340 City Delaware State OH ZIP 43015

WITNESS I know the person signing this form or am satisfied of this person's identity.

SIGN *[Signature]*

IF needed, second witness sign here (e.g., if signed with "X" above)
SIGN

Phone Number (or Address) 513-241-7111

Phone Number (or Address)

This General and Special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 200dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.479; 20 U.S. Code section 1252g ("FERPA"); 34 CFR parts 80 and 802; and State law.

EXHIBIT C

P.1

NAME (First, Middle, Last, Suffix)

Sophia Tully

SSN

605-85-3361

Birthdate (mm/dd/yy)

03/11/1970

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):
OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Records which may indicate the presence of a communicable or noncommunicable disease; and tests for or records of HIV/AIDS
 - Gene-related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers, insurance companies, workers' compensation programs
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

Determining whether I am capable of managing benefits ONLY (check only if this applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

PLEASE SIGN USING BLUE OR BLACK INK ONLY

INDIVIDUAL authorizing disclosure

SIGN ►

Sophia Tully

IF not signed by subject of disclosure, specify basis for authority to sign

- Parent of minor Guardian Other personal representative (explain)

(Parent/guardian/personal representative sign here if two signatures required by State law) ►

Date Signed

8/15/18

Street Address

7800 Concord Rd

Phone Number (with area code)

(720)238-8340

City

Delaware

State

OH

ZIP

43016

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ►

IF needed, second witness sign here (e.g., if signed with "X" above)
SIGN ►

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 (HIPAA); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7532; 38 CFR 1.476; 20 U.S. Code section 1232g (FERPA); 34 CFR parts 99 and 300; and State law.

Form 98A-627 (11-2012) of (11-2012) Use 4-2009 and Later Editions Until Supply is Exhausted

Identifying Information for Possible Direct Payment of Authorized Fees

Information About the Claimant

First Name <i>Sophia</i>		Middle Name	
Last Name <i>Tully</i>	Suffix	Social Security Number [][]-[][]-[][][][]	
Wage Earner's Name <i>if different than above</i>		Wage Earner's Social Security Number <i>if different</i> [][]-[][]-[][][][]	
Type of Benefits	<input type="checkbox"/> Title II (RSDI)	<input type="checkbox"/> Title XVI (SSI)	

Information about You, the Representative

Name <i>Beth J Nacht</i>		Social Security Number [][]-[][]-[][][][] <i>0757</i>	
P.O. Box, Street, Apt., or Suite No. <i>326 S High St, Suite 400</i>		City <i>Columbus</i>	
State <i>Ohio</i>	ZIP Code or Postal Zone <i>43215</i>	Country <i>U.S.A.</i>	
Phone Number (including area code) <i>614-545-7220</i>		Fax Number (optional) <i>888-225-1065</i>	

Employer Identification Number (EIN), if applicable. If you are representing the claimant(s) as a partner or an employee of a firm or other business entity, you may provide the EIN of the firm or business. See instructions on Page 2 for more information.

593777259

Information about Other Claimants You are Representing in Connection with this Claim

List below the Social Security Numbers and names of all other claimants not mentioned above. If all claimants will not fit on this form, list on a separate form or blank paper.

Claimant's Social Security Number	Claimant's Name
[][]-[][]-[][][][]	
[][]-[][]-[][][][]	
[][]-[][]-[][][][]	
[][]-[][]-[][][][]	
[][]-[][]-[][][][]	

To SSA STAFF: After the information on this form is entered into the appropriate system(s), immediately shred the form. Under no circumstances should this form be scanned, placed in a claims file or otherwise retained.

EXHIBIT C

p. 3

Identifying Information for Possible Direct Payment of Authorized Fees

Information About the Claimant

First Name <i>Sophia</i>		Middle Name
Last Name <i>Tully</i>	Suffix	Social Security Number [REDACTED] - [REDACTED] - 3361
Wage Earner's Name if different than above	Wage Earner's Social Security Number if different [] [] [] - [] [] - [] [] [] []	
Type of Benefits	<input checked="" type="checkbox"/> Title II (RSDI)	<input checked="" type="checkbox"/> Title XVI (SSI)

Information about You, the Representative

Name Rick J. Enriquez		Social Security Number 338 - 32 - 2953
P.O. Box, Street, Apt., or Suite No. 600 Vine Street, Suite 1600		City Cincinnati
State Ohio	ZIP Code or Postal Zone 45202	Country U.S.A.
Phone Number (including area code) 513-241-7111	Fax Number (optional) 513-241-7197	

Employer Identification Number (EIN), if applicable. If you are representing the claimant(s) as a partner or an employee of a firm or other business entity, you may provide the EIN of the firm or business. See instructions on Page 2 for more information.

5 9 3 7 7 7 2 5 9

Information about Other Claimants You are Representing in Connection with this Claim

List below the Social Security Numbers and names of all other claimants not mentioned above. If all claimants will not fit on this form, list on a separate form or blank paper.

Claimant's Social Security Number	Claimant's Name
[] [] [] - [] [] - [] [] [] []	
[] [] [] - [] [] - [] [] [] []	
[] [] [] - [] [] - [] [] [] []	
[] [] [] - [] [] - [] [] [] []	
[] [] [] - [] [] - [] [] [] []	

To SSA STAFF: After the information on this form is entered into the appropriate system(s), immediately shred the form. Under no circumstances should this form be scanned, placed in a claims file or otherwise retained.

EXHIBIT C

p.4



James M. Cutter, Esquire
Julie A. Hall, Esquire
Kenneth P. Karlock, Esquire

www.chklegal.com
Phone: 614-221-1400
Toll Free: 866-599-6220
Fax: 614-221-2666

June 6, 2017

Office of Disability Adjudication and Review
Via: ERE

Re: Sophia Tully SSN: ~~500-25~~-3361

Attached please find the following information, which have been provided to us by above claimant. Please associate this information with the above mentioned claimant's file.

Went to Ortho doc 05/18/2017 Dr Lakatos (Thurs-Tue) she has appt re new procedure-while at the shelter, her legs moved by themselves and she was unable to undo them-they called paramedics and was take to Ohio Health ER -looked at MRI from ortho doc -labs, and UA and IV of saline-possible RLS.

starts surgery process soon (06/07/2017) Dr Lakatos -Ohio Health, she is being put under for a nerve test to determine which surgery needs done first, she is having bone density tests done to check for MS and RA on 08/6/2017 this will be done with Dr Kantor, at Ohio Health /Wilkins Building
Also Sees Dr Kapor-has had a total of 20 Injection in S1 Joint

Gave us new mailing address:
650 VanBuren Drive
Apt 122
Columbus OH 43229

Thank you for your prompt attention to this claim.

MAILING/MAIN:
85 E. Gay St. Ste 800
Columbus, OH 43215

2500 N. High St. Ste 120
Columbus, OH 43202

731 E. Main St. Ste 14
Jackson, OH 45640

1625 Offnere St.
Portsmouth, OH 45665

EXHIBIT. D

p. 1

**O'CONNOR
ACCIANI & LEVY**
A LEGAL PROFESSIONAL ASSOCIATION

Suite 1600
600 Vine Street
Cincinnati, Ohio 45202
(513) 241-7111
FAX (513) 241-7197

To: Social Security Administration

From:

Fax: 1-740-389-3253

Date: June 10, 2019

Pages: 1

RE: Sophia Tully ~~236-78~~ 3361

CONFIDENTIALITY NOTICE

THE INFORMATION CONTAINED HEREIN MAY BE CONFIDENTIAL AND ATTORNEY PRIVILEGED. THE INFORMATION IS INTENDED ONLY FOR THE USE OF THE PARTY TO WHOM IT IS ADDRESSED. IF YOU ARE NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE, OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY RE-ISSUE, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN IT TO US VIA U.S. MAIL. THANK YOU.

COMMENTS:

The above claimant's address has changed to the following:

2584 Burlawn Court

Columbus, OH 43235

EXHIBIT D

p. 2



SOCIAL SECURITY ADMINISTRATION

Refer To:
Sophia Tully

Office of Hearings Operations
Rm 400
401 N Front St
Columbus, OH 43215-2252
Tel: (888)397-6870 / Fax: (614)469-6786

November 26, 2018

Sophia Tully
650 Vanburen Drive
Apt 122
Columbus, OH 43229

NOTICE OF HEARING

Please bring this notice with you, and arrive at least 30 minutes prior to your hearing.

You may also review your file on the day of your hearing if you come in at least 60 minutes before the time set for your hearing. Please call us in advance if you will need more than 30 minutes to review your file.

I have scheduled your hearing for:

Day: Friday

Date: March 8, 2019

Time: 1:00 PM
Eastern (ET)

Room: 7

Address: 401 N Front Street
Suite 400
Columbus, OH 43215

It Is Important That You Attend Your Hearing

I have set aside this time for you to tell me about your case. If you do not attend the hearing and I do not find that you have a good reason, I may **dismiss** your request for hearing. I may do so without giving you further notice.

You may ask us if you want to appear by telephone. I will grant your request if I find that extraordinary circumstances prevent you from appearing in person or by video teleconferencing.

Form HA-83 (04-2015)
Claimant

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 E

p. 1

ACKNOWLEDGEMENT OF RECEIPT (NOTICE OF HEARING)
(COMPLETE THIS FORM AND RETURN IT AT ONCE IN THE ENVELOPE PROVIDED. NO POSTAGE IS NECESSARY)

Claimant: Sophia Tully	Social Security Number: 505-35 -3361
Wage Earner:	Administrative Law Judge: Noceba Southern
Hearing Scheduled: Friday, March 8, 2019 at 1:00 PM Eastern (ET)	Hearing Office: Columbus
Location of Hearing: Room 7 401 N Front Street Suite 400 Columbus, OH 43215	 RQID:0000000000000000244793327 SITE:X09 DR:S SSN: 505-35 3361 DOCTYPE:3005 RF:D CS:14e1

(Check only one)

I will be present at the time and place shown on the Notice of Hearing. If an emergency arises after I mail this form and I cannot be present, I will immediately notify you at the telephone number shown on the Notice of Hearing.

I cannot be present at the time and place shown on the Notice of Hearing. I request that you reschedule my hearing because:

NOTE: YOUR REQUEST FOR HEARING MAY BE DISMISSED IF YOU DO NOT ATTEND THE HEARING AND CANNOT GIVE A GOOD REASON FOR NOT ATTENDING. THE TIME OR PLACE OF THE HEARING WILL BE CHANGED IF YOU HAVE A GOOD REASON FOR YOUR REQUEST.

Signature:	Date:	Area Code and Telephone Number:
------------	-------	---------------------------------

I have recently moved. My new address is:

O'CONNOR ACCIANI & LEVY

A LEGAL PROFESSIONAL ASSOCIATION

600 Vine Street
Suite 1600
Cincinnati, OH 45202
Telephone: 513-241-7111
Fax: 513-241-7197
Writer's Email:
rje@oal-law.com

RICK J ENRIQUEZ
Attorney At Law

January 3, 2019

The Honorable Noceeba Southern
Office of Hearings Operations
401 North Front St., Room 400
Columbus, OH 43215

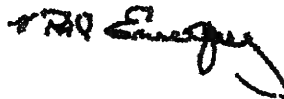
RE: Sophia Tully
SSN: ~~885-88~~-3361

Dear Judge Southern:

We represent Sophia Tully in her claim for Social Security Disability. We are writing to request a postponement for her hearing that is scheduled for March 8, 2019 at 1:00 pm. We were never notified of this hearing date and time due to Ms. Tully not being added to my hearings list in a timely manner. My representation forms were filed through the ERE on October 18, 2018. We do have conformation of this filing. My paralegal has been trying to check to see if Ms. Tully was on my hearing list and was finally able to get through today. She spoke with Byron who added Ms. Tully and discovered that a hearing was scheduled on November 13, 2018. I have a hearing scheduled in Dayton on March 8, 2019 at 2: 00 pm, so I am not able to cover Ms. Tully's hearing on the date and time it is scheduled for. Thank you for your consideration in this matter.

Please call the office with any questions.

Sincerely yours,
O'CONNOR, ACCIANI & LEVY



Rick J Enriquez

EXHIBIT E

P. 3

O'CONNOR, ACCIANI & LEVY
SOCIAL SECURITY INTAKE SHEET

ATTY/PARA:

BJN/SAD

CALL DATE:

10/17/2017

APPT DATE/TIME:

10/18/2017 10:00 AM

Operator:

DBC

CALL RESULT:

Appointment

ID #: 54470.13

Misc: Recieved notice of recosideration

BIOGRAPHICAL INFORMATION:

Name: *Sophia Tully*

Address: *7900 Concord Rd.*

Delaware, OH 43015

Home Phone:

Cell Phone:

720-236-8340

Work phone:

Phone notes:

Email address: *sophia.tully@gmail.com*

DOB: *03/11/1970*

SSN: *555-55-3361*

Marital Status: *Single*

Spouses Name:

LDW: *10/20/2016*

Employer/ Occupation: *Cashier*

Date of Denial: *10/11/2017*

Is this your first denial?: *Y*

NATURE OF DISABILITY: *Right leg rigidopothy. Herniated disc. 2 Bad discs. Needs to get both SI joins fused. Had tumor in neck & spinal cord removed.*

Onset: *12/20/2016*

Treatment: *PCP- Dr. Tessier*

EXHIBIT F

Sophia Tully
7900 Concord Rd.
Delaware, OH 43015

10 West Broad Street
Suite 925
Columbus, OH 43211
Telephone: (614) 545-7
Fax: 888-225-1065

A Legal Professional Association

Writer's Email:
sad@oal-law.com
Direct line: 614-545-

Sherelle A. Dulaney
Paralegal for Beth J. Nacht

November 3, 2017

Sophia Tully
7900 Concord Rd.
Delaware, OH 43015

RE: Disability Claim

Dear Sophia:

Enclosed please find the disability report – appeal form, which requires your completion. Please complete all questions and return in the enclosed envelope. When we receive the completed report from you, we will file the appeal on your recent denial of benefits.

Please call with any questions.

Sincerely yours
O'CONNOR, ACCIANI & LEVY

Sherelle A. Dulaney

SAD:sad

1
EXHIBIT G



James M. Cutter, Esquire
Julie Hall, Esquire
Kenneth P. Karlock, Esquire

www.chklegal.com
Phone: 614-221-1400
Toll Free: 866-599-6220
Fax: 614-221-2666

Client: Sophia Tully
SSN: ~~123-45-6789~~-3361

I have discussed with my attorney the issues involved in the video hearing process. It is my desire to have an in person hearing on my claim.

✓ Sophia Tully
Signature

✓ 4/7/17
Date

RECEIVED BY
OFFICE OF DISABILITY
ADJUDICATION AND REVIEW
NOV 08 2017
COLUMBUS, OHIC

MAILING/MAIN:
85 E. Gay St. Ste 500
Columbus, OH 43215

2500 N. High St. Ste 120
Columbus, OH 43202

731 E. Main St. Ste 14
Jackson, OH 45640

1625 Officere St.
Portsmouth, OH 45665

EXHIBIT H

p.1

OBJECTION TO APPEARING BY VIDEO TELECONFERENCING

Name: **Sophia Tully**

Social Security Number: **53361**

Wage Earner:

Hearing Office: **Columbus**



RQID:00000000000000216850849 SITE:X09 DR:S
SSN:53361 DOCTYPE:3267 RF:D CS:86cd

I do not want to appear at my hearing by video teleconference. Please schedule my hearing so that I may appear in person.

Please return this form only if you object to a hearing by video teleconference.

Additional Comments: _____

See the attached statement signed by the claimant requesting an "In Person" hearing.

RECEIVED BY
OFFICE OF DEBILITY
ADJUSTMENT AND REVIEW
COLUMBUS, OH

Signature: _____

**86 E. Columbus, OH
Columbus, OH 43215**

Date: _____

11/02/17

Area Code and Telephone Number: _____

614/221-1400

Privacy Act Statement

Collection and Use of Personal Information

Sections 205(b)(1), 205(d) and 1631(e) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to acknowledge you are opting-out of an appearance via video teleconferencing. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to make a determination regarding benefits eligibility. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws regarding the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,

2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0089, entitled Claims Folder System. Additional information about this and other system of records notices and our programs are available online at www.socialsecurity.gov or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21285-6401. Send only comments relating to our time estimate to this address, not the completed form.

EXHIBIT H

P.2

Jan Smiddy POTSmodem3

(6/8) 03/08/2018 03:45:23 PM -0500

FEB-14-2018 07:57AM From:CHK LEGAL

6142212666

To:15137684439

Page:1/1



James M. Cutter, Esquire
 Julie Hall, Esquire
 Kenneth P. Karlock, Esquire

www.chklegal.com
 Phone: 614-221-1400
 Toll Free: 866-599-6220
 Fax: 614-221-2666

February 13, 2018

To Whom It May Concern
 VIA FAX 513-768-4439

To Whom It May Concern,

We hereby waive our right to petition for a fee for work performed in the case of Sophia Tully, SSN ~~555-55-3361~~.

Ms. Tully appears to be under the perception that my office failed to notify the State agency of updated medical treatment, resulting in the failure of the State agency to obtain records from her surgeon. My office did notify the state agency of these updates in writing, and Ms. Tully also indicated to us on multiple occasions that she herself had provided telephonic medical updates to the State agency. It appears that multiple medical records requests were unanswered by the office of her surgeon, a fact of which we were unaware prior to receiving her Reconsideration denial.

I certainly wish Ms. Tully the very best for her future and much success with her disability claim.

Very Sincerely,

A handwritten signature in black ink, appearing to read 'Julie A. Hall', written over a white rectangular background.

Julie A. Hall

A handwritten signature in black ink, appearing to read 'Kenneth P. Karlock', written over a white rectangular background.

Kenneth P. Karlock

MAILING/MARK
 83 E. Gay St. Ste 500
 Columbus, OH 43215

2500 N. High St. Ste 120
 Columbus, OH 43206

731 E. Main St. Ste 14
 Jackson, OH 45840

1625 Ciffmore St.
 Portsmouth, OH 45665

EXHIBIT I

Supplemental Security Income Notice

From: Social Security Administration

SOPHIA TULLY
2320 SANDMAN DR
COLUMBUS OH 43235

Date: March 7, 2017
Claim Number: ~~506-56~~-3361

We have determined that you cannot get Supplemental Security Income payments based on the claim that you filed. However, you may appeal this determination if you still think you are disabled or blind.

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 following reports, if any, were used to decide your claim.

COLORADO BRAIN & SPINE INSTITUTE - report received 03/02/2017
COLUMBUS NORTHEAST HEALTH CENTER - report received 02/22/2017
COLORADO PAIN MGMT & ANESTHESIA CONSULTANTS - report received 03/03/2017

We have determined that your condition is not severe enough to keep you from working. We considered the medical and other information, your age, education, training and work experience in determining how your condition affects your ability to work.

You said you were disabled due to a herniated disc, lower back pain, right SI joint pain needing surgery, and a tumor removed from your neck causing pain. The medical evidence shows that you have been treated for physical conditions that cause some pain and discomfort. However, the evidence also shows that you remain capable of sitting and standing for extended periods of time, walking without assistance, and lifting lighter objects. We do not have sufficient vocational information to determine whether you can perform any of your past relevant work. However, based on the evidence in file, we have determined that you can adjust to other work. The application you filed for SSI was also a claim for Social Security benefits. We looked into whether you qualify for Social Security and found that you do not. If you disagree, you have the right to appeal.

We realize that your condition prevents you from doing some types of work but it does not prevent you from doing other work which is less demanding.

If your condition gets worse and keeps you from working; write, call or visit any Social Security office about filing another application.

XXX-XX-3361 TULLY, SOPHIA

EXHIBIT J

P. 1

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

* You have 60 days to ask for an appeal.

* The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

* You have to ask for an appeal in writing. Be sure to tell us your name, Social Security number and why you disagree with the decision. We will ask you to complete a form SSA-561-U2, called "Request for Reconsideration". You may contact one of our offices or call 1-800-772-1213 to request this form. Or you may complete this form at <http://www.socialsecurity.gov/disability/appeal>. Contact one of our offices if you want help.

* In addition, you should complete a "Disability Report-Appeal" to tell us about your medical condition since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete this report online after you complete the online Request for Reconsideration.

If you cannot write to us, call a Social Security office or come in and someone will help you. You can give us more facts to add to your file. However, if you do not have the evidence yet, you should not wait for it before asking for a reconsideration. You may send the evidence in later. We will then decide your case again. You will not meet with the person who will decide your case. Please 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.

Disability And Blindness Requirements

To Get Supplemental Security Income Payments:

You must be unable to work due to a medical condition which has lasted or will last for at least 12 months in a row. The condition must be severe enough to keep you from working not only at your usual job, but in any other substantial gainful work. We look at your age, education, training and work experience when we decide whether you can work. Children under age 18 must be found disabled based only on a severe physical or mental condition.

XXX-XX-3361 TULLY, SOPHIA

EXHIBIT J

P.2

or

Your eyesight must be no better than 20/200 in the better eye with the use of a correcting lens or your visual fields must be restricted to 20 degrees or less.

Other Important Information

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the laws which apply to their own disability programs. A finding by a private organization or other government agency that a person is disabled does not necessarily mean that the person meets the disability requirements of the Social Security Act.

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 (866) 789-0957. 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:

1051 WORTHINGTON WOODS BLVD
WORTHINGTON OH 43085

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.

Information About Medicaid and Other Benefits

Since you are not receiving SSI Supplemental Security Income payments, you are not automatically eligible for medical assistance under the Medicaid program. However, if you need help with medical bills, you still may be eligible for medical assistance. Contact the local Department of Social Services County Welfare Department which handles about the eligibility requirements for medical assistance about the eligibility requirements of the State's medical assistance programs.

Suspect Social Security Fraud?

If you 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).

Social Security Administration

0382/2A/clw542/4229834034972800

D63

XXX-XX-3361 TULLY, SOPHIA

EXHIBIT J

p. 3

Social Security Notice

From: Social Security Administration

SOPHIA TULLY
2320 SANDMAN DR
COLUMBUS OH 43235

Date: March 7, 2017
Claim Number: ~~95-5~~-3361

Disability Insurance Benefits

We have determined that you are not entitled to disability benefits based on the claim that you filed. However, you may appeal this determination if you still think you are disabled.

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.

In addition, you are not entitled to any other benefits based on this application. If you have applied for other benefits, you will receive a separate notice when a decision is made on that claim.

Explanation Of Determination

The following reports, if any, were used to decide your claim.

COLORADO BRAIN & SPINE INSTITUTE - report received 03/02/2017
COLUMBUS NORTHEAST HEALTH CENTER - report received 02/22/2017
COLORADO PAIN MGMT & ANESTHESIA CONSULTANTS - report received 03/03/2017

We have determined that your condition is not severe enough to keep you from working. We considered the medical and other information, your age, education, training and work experience in determining how your condition affects your ability to work.

You said you were disabled due to a herniated disc, lower back pain, right SI joint pain needing surgery, and a tumor removed from your neck causing pain. The medical evidence shows that you have been treated for physical conditions that cause some pain and discomfort. However, the evidence also shows that you remain capable of sitting and standing for extended periods of time, walking without assistance, and lifting lighter objects. We do not have sufficient vocational information to determine whether you can perform any of your past relevant work. However, based on the evidence in file, we have determined that you can adjust to other work. The application you filed for SSI was also a claim for Social Security benefits. We looked into whether you qualify for Social Security and found that you do not. If you disagree, you have the right to appeal.

We realize that your condition prevents you from doing some types of work but it does not prevent you from doing other work which is less demanding.

If your condition gets worse and keeps you from working; write, call or visit any Social Security office about filing another application.

XXX-XX-3361 TULLY, SOPHIA

EXHIBIT K

p. 1

If You Disagree With The Decision

If you disagree with the decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case.

* You have 60 days to ask for an appeal.

* The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

* You have to ask for an appeal in writing. Be sure to tell us your name, Social Security number and why you disagree with the decision. We will ask you to complete a form SSA-561-U2, called "Request for Reconsideration". You may contact one of our offices or call 1-800-772-1213 to request this form. Or you may complete this form at <http://www.socialsecurity.gov/disability/appeal>. Contact one of our offices if you want help.

* In addition, you should complete a "Disability Report-Appeal" to tell us about your medical condition since you filed your claim. You may contact one of our offices or call 1-800-772-1213 to request this form. Or, you may complete this report online after you complete the online Request for Reconsideration.

If you cannot write to us, call a Social Security office or come in and someone will help you. You can give us more facts to add to your file. However, if you do not have the evidence yet, you should not wait for it before asking for a reconsideration. You may send the evidence in later. We will then decide your case again. You will not meet with the person who will decide your case. Please 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.

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.

XXX-XX-3361 TULLY, SOPHIA

EXHIBIT K

p.2

or

Your eyesight must be no better than 20/200 in the better eye with the use of a correcting lens or your visual fields must be restricted to 20 degrees or less.

Other Important Information

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the laws which apply to their own disability programs. A finding by a private organization or other government agency that a person is disabled does not necessarily mean that the person meets the disability requirements of the Social Security Act.

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 (866) 789-0957. 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:

1051 WORTHINGTON WOODS BLVD
WORTHINGTON OH 43085

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.

Information About Medicaid and Other Benefits

Since you are not receiving SSI Supplemental Security Income payments, you are not automatically eligible for medical assistance under the Medicaid program. However, if you need help with medical bills, you still may be eligible for medical assistance. Contact the local Department of Social Services County Welfare Department which handles about the eligibility requirements for medical assistance about the eligibility requirements of the State's medical assistance programs.

Suspect Social Security Fraud?

If you 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).

Social Security Administration

0382/2A/clw542/4229834034972800

D63

XXX-XX-3361 TULLY, SOPHIA

EXHIBIT K

p. 3

Social Security Notice

From: Social Security Administration

NOTICE OF RECONSIDERATION

SOPHIA TULLY
7900 CONCORD RD
DELAWARE OH 43015

Date: October 11, 2017
Social Security #: 525-55-3361

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.

OSU OP REHAB AT HILLIARD - no report received
JULIE ANNE HALL - report received 05/31/2017
RONALD LAKATOS MD - no report received
GRANT HOSPITAL - report received 06/27/2017
RONALD LAKATOS MD - no report received
GRANT HOSPITAL - report received 07/06/2017
GRANT HOSPITAL - no report received
CLMT SUBMITTED EVIDENCE - report received 09/05/2017, 09/06/2017, 09/07/2017

You said you were disabled due to a herniated disc, lower back pain, right SI joint pain needing surgery, and a tumor removed from your neck causing pain. Although your conditions cause you some pain, discomfort and limitations, it is not found totally disabling. We do not have sufficient vocational information to determine whether you can perform any of your past relevant work. However, based on the evidence in file, we have determined that you can adjust to other work.

We realize that your condition prevents you from doing some types of work but it does not prevent you from doing other work which is less demanding.

XXX-XX-3361 TULLY, SOPHIA

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.

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 (888) 475-0296. 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:

1363 WELLNESS DR
MARION OH 43302

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-3361 TULLY, SOPHIA

Suspect Social Security Fraud?

If you 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).

Social Security Administration

0255/3R/clw542/4271841036474294

D63

CC: JULIE ANNE HALL

XXX-XX-3361 TULLY, SOPHIA

EXHIBIT L

p.3

Social Security Notice

From: Social Security Administration

NOTICE OF RECONSIDERATION

SOPHIA TULLY
7900 CONCORD RD
DELAWARE OH 43015

Date: October 11, 2017
Social Security #: ~~555-55~~-3361

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.

OSU OP REHAB AT HILLIARD - no report received
JULIE ANNE HALL - report received 05/31/2017
RONALD LAKATOS MD - no report received
GRANT HOSPITAL - report received 06/27/2017
RONALD LAKATOS MD - no report received
GRANT HOSPITAL - report received 07/06/2017
GRANT HOSPITAL - no report received
CLMT SUBMITTED EVIDENCE - report received 09/05/2017, 09/06/2017, 09/07/2017

You said you were disabled due to a herniated disc, lower back pain, right SI joint pain needing surgery, and a tumor removed from your neck causing pain. Although your conditions cause you some pain, discomfort and limitations, it is not found totally disabling. We do not have sufficient vocational information to determine whether you can perform any of your past relevant work. However, based on the evidence in file, we have determined that you can adjust to other work.

We realize that your condition prevents you from doing some types of work but it does not prevent you from doing other work which is less demanding.

XXX-XX-3361 TULLY, SOPHIA

EXHIBIT M

P.1

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.

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 (888) 475-0296. 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:

1363 WELLNESS DR
MARION OH 43302

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-3361 TULLY, SOPHIA

EXHIBIT M

p.2

Suspect Social Security Fraud?

If you 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).

Social Security Administration

0255/3R/clw542/4271841036474294

D63



XXX-XX-3361 TULLY, SOPHIA

EXHIBIT M

p. 3

**NOTICE TO REPRESENTATIVE OF CLAIMANT BEFORE
THE SOCIAL SECURITY ADMINISTRATION**

TOE 420

Julie A. Hall
85 E. Gay St
Ste 500
Columbus, OH 43215

Date: October 23, 2017
Claimant: Sophia Tully
Wage Earner:
Social Security Number: ~~305-49-3361~~

We have received written notice that the claimant has appointed you to act as the representative in connection with this claim(s) under the Social Security Act (the Act). We will, therefore, be dealing directly with you on matters pertaining to this claim(s).

Generally, to charge a fee for services, you must use one of two, mutually exclusive fee approval processes. You must file either a fee petition or a fee agreement with us. In either case, you cannot charge more than the fee amount we approve.

Fee Petition Process

You may ask for approval of a fee by giving us a fee petition when you have completed your services to the claimant. This written request must describe in detail the amount of time you spent on each service provided and the amount of fee you are requesting.

Fee Agreement Process

If you and the claimant have a written fee agreement, that you have not already submitted, either of you must give it to us before we decide the claim(s). We usually will approve the agreement if you both sign it; the fee you agreed on is no more than 25 percent of the past-due benefits, or \$6,000 (or a higher amount we set and announce in the Federal Register), whichever is less; we approve the claim(s); and the claim results in past-due benefits.

If you do not file a fee agreement, you must use form SSA-1560-U5 (PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION) to petition for approval of the fee you wish to charge. File the SSA-1560-U5 when the proceedings are complete and your services have ended. If you are an attorney or a non-attorney whom SSA has found eligible to receive direct payment and you seek direct payment from the claimant's title II or title XVI past-due benefits, you must file the SSA-1560-U5, or a notice of intent to petition for a fee within 60 days of the notice of the favorable determination. Further information and instructions for completion are given on the form itself.

After we approve a fee, you must look to the claimant for payment, except when you are an attorney or non-attorney who is eligible to receive direct payment and there are past-due benefits payable under title II or title XVI of the Act as a result of a favorable determination on the claim. In such cases, we will pay up to 25 percent of such past-due benefits directly to you toward payment of the approved fee and charge you the assessment required by section 206(d) and 1631(2)(2)(c) of the Social Security Act. You cannot charge or collect this expense from the claimant.

If you wish to waive either a fee or direct payment of a fee and you have not already done so, you should sign and date the appropriate box below or send us a letter with an appropriate statement. Early filing of the waiver will enable us to prevent the automatic withholding of past-due benefits for a possible direct payment.

• WAIVER OF FEE - I waive my right to charge and collect a fee under sections 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligation, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)

Date

• WAIVER OF DIRECT PAYMENT BY ATTORNEY OR NON-ATTORNEY ELIGIBLE TO RECEIVE DIRECT PAYMENT - I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Representative)

Date

Social Security Administration

Form SSA-L1697-U3 (2-2005)
Destroy Prior Editions

EXHIBIT N



SOCIAL SECURITY ADMINISTRATION

Refer To: ~~SSA~~-3361
Sophia Tully

Office of Disability Adjudication and Review
SSA ODAR HEARING OFC
RM 400
401 N FRONT ST
COLUMBUS, OH 43215
Tel: 888-397-6870
Fax: 614-469-6786

October 26, 2017

Sophia Tully
7900 Concord Rd
Delaware, OH 43015

Dear Sophia Tully:

Thank you for your request for a hearing before an administrative law judge (ALJ). This letter explains the hearing process and things that you should do now to get ready for your hearing. We will send you a notice after we schedule your hearing. We will notify you at least 75 days before the date of your hearing. The notice will provide you with the time and place of your hearing. We generally process requests for hearing by date order, with the oldest receiving priority. We will schedule your hearing as soon as we can, which may take several months.

Use of Video Conferencing (VTC) At Your Hearing

In certain situations, we hold your hearing by VTC rather than in person. We will let you know ahead of time if we schedule your hearing by VTC.

If we schedule your appearance by VTC, you and the ALJ will be at different locations during the hearing. A large, color monitor will enable you and the ALJ to see, hear, and speak to each other. The ALJ will also be able to see, hear, and speak to anyone who comes with you to the hearing. This may include your representative (if you have one), a friend, or a family member. We will provide someone at your location to run the equipment and provide any other help you may need.

You must let us know within 30 days after the date you receive this notice if you do not want to appear at your hearing by VTC. (We may extend the 30-day period if you show you had good cause for missing the deadline.) Please let us know by completing and returning the attached form in the envelope we sent your representative. We will arrange for you to appear in person.

If you move before we hold your hearing, we retain the right to decide how you will appear at your hearing, even if you objected to appearing by VTC. For us to consider your change of residence when we schedule your hearing, you must submit evidence proving your new residence.

The Hearing

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).

Form HA-L2 (04-2015)

Representative

See Next Page

EXHIBIT 0

P. 1

Sophia Tully (~~25-15~~ 3361)

Page 3 of 3

Sincerely yours,

Jesse Foster
Hearing Office Director

Enclosures:

HA-55 (Objection to Appearing by Video Teleconferencing)

Form SSA-L1697-U3 (Acknowledgement of Representation)

HA-L4 (What Happens Next)

SSA Publication No. 70-067 (Why You Should Have Your Hearing By Video)

HA-827 (Medical Release Notice)

SSA-827 (Authorization to Disclose Information to SSA)

Form HA-L32 (Electronic Disability Claims Processing Insert)

Barcode Sheet

cc: Julie A. Hall
85 E. Gay St
Ste 500
Columbus, OH 43215

Form HA-L2 (04-2015)

Representative

EXHIBIT 0

P. 2



SOCIAL SECURITY ADMINISTRATION

Refer To: ████████-3361
Sophia Tully

Office of Disability Adjudication and Review
SSA ODAR HEARING OFC
RM 400
401 N FRONT ST
COLUMBUS, OH 43215
Tel: 888-397-6870
Fax: 614-469-6786

October 26, 2017

Sophia Tully
7900 Concord Rd
Delaware, OH 43015

Dear Sophia Tully:

Thank you for your request for a hearing before an administrative law judge (ALJ). This letter explains the hearing process and things that you should do now to get ready for your hearing. We will send you a notice after we schedule your hearing. We will notify you at least 75 days before the date of your hearing. The notice will provide you with the time and place of your hearing. We generally process requests for hearing by date order, with the oldest receiving priority. We will schedule your hearing as soon as we can, which may take several months.

Use of Video Conferencing (VTC) At Your Hearing

In certain situations, we hold your hearing by VTC rather than in person. We will let you know ahead of time if we schedule your hearing by VTC.

If we schedule your appearance by VTC, you and the ALJ will be at different locations during the hearing. A large, color monitor will enable you and the ALJ to see, hear, and speak to each other. The ALJ will also be able to see, hear, and speak to anyone who comes with you to the hearing. This may include your representative (if you have one), a friend, or a family member. We will provide someone at your location to run the equipment and provide any other help you may need.

You must let us know within 30 days after the date you receive this notice if you do not want to appear at your hearing by VTC. (We may extend the 30-day period if you show you had good cause for missing the deadline.) Please let us know by completing and returning the attached form in the envelope we sent your representative. We will arrange for you to appear in person.

If you move before we hold your hearing, we retain the right to decide how you will appear at your hearing, even if you objected to appearing by VTC. For us to consider your change of residence when we schedule your hearing, you must submit evidence proving your new residence.

The Hearing

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).

Form HA-L2 (04-2015)

Claimant

See Next Page

EXHIBIT P

P.1

Sophia Tully (S[REDACTED]-3361)

Page 3 of 3

Sincerely yours,

Jesse Foster
Hearing Office Director

Enclosures:

HA-55 (Objection to Appearing by Video Teleconferencing)
HA-L4 (What Happens Next)
SSA Publication No. 70-067 (Why You Should Have Your Hearing By Video)
HA-827 (Medical Release Notice)
SSA-827 (Authorization to Disclose Information to SSA)

cc: Julie A. Hall
85 E. Gay St
Ste 500
Columbus, OH 43215

LIST OF EXHIBITS

Payment Documents/Decisions

Component No.	Description	Received	Dates	Pages
HO 1A	Disability Determination Explanation		03/07/2017	10
HO 2A	Disability Determination Explanation		03/07/2017	10
HO 3A	Disability Determination Transmittal		03/07/2017	1
HO 4A	Disability Determination Transmittal		03/07/2017	1
HO 5A	Disability Determination Explanation		10/04/2017	17
HO 6A	Disability Determination Explanation		10/04/2017	17
HO 7A	Disability Determination Transmittal		10/10/2017	1
HO 8A	Disability Determination Transmittal		10/10/2017	1

Jurisdictional Documents/Notices

Component No.	Description	Received	Dates	Pages
HO 1B	T2 Notice of Disapproved Claim		03/07/2017	3
HO 2B	T16 Notice of Disapproved Claim		03/07/2017	3
HO 3B	Representative Fee Agreement		04/11/2017	1
HO 4B	Appointment of Representative		04/11/2017	1
HO 5B	Request for Reconsideration		05/08/2017	3
HO 6B	T2 Disability Reconsideration Notice		10/11/2017	7
HO 7B	T16 Disability Reconsideration Notice		10/11/2017	5
HO 8B	Request for Hearing by ALJ		10/20/2017	2

HA-L39 (03-2007)

42

EXHIBIT *Q*

P. 1

HO 9B	Request for Hearing Acknowledgement Letter	10/23/2017	15
HO 10B	Objection to Video Hearing	11/03/2017	2
HO 11B	Withdrawal/Revocation of Representation	11/07/2017	2
HO 12B	Appointment of Representative	12/11/2017	1
HO 13B	Representative Fee Agreement	12/11/2017	1
HO 14B	Representative Correspondence	06/06/2017	1
HO 15B	Withdrawal/Revocation of Representation	07/31/2018	1
HO 16B	Representative Fee Agreement	10/12/2018	1
HO 17B	Appointment of Representative	10/12/2018	1
HO 18B	Hearing Notice	11/26/2018	14
HO 19B	Request for Postponement	01/03/2019	1
HO 20B	Hearing Notice	02/13/2019	23
HO 21B	Claimant's Change of Address Notification	04/01/2019	1
HO 22B	Acknowledge Notice of Hearing	05/13/2019	1
HO 23B	Notice Of Hearing Reminder	06/05/2019	6
HO 24B	Representative Fee Agreement	06/19/2019	1

Non-Disability Development

Component No.	Description	Received	Dates	Pages
HO 1D	Application for Disability Insurance Benefits		02/07/2017	5
HO 2D	Application for Supplemental Security Income Benefits		02/07/2017	6
HO 3D	Wage Information			2
HO 4D	New Hire, Quarter Wage, Unemployment Query (NDNH)		07/30/2018	2

HO 5D	Certified Earnings Records	07/30/2018	3
HO 6D	Detailed Earnings Query	07/30/2018	4
HO 7D	Summary Earnings Query	07/30/2018	1
HO 8D	New Hire, Quarter Wage, Unemployment Query (NDNH)	05/14/2019	1
HO 9D	Detailed Earnings Query	05/14/2019	5
HO 10D	Summary Earnings Query	05/14/2019	1

Disability Related Development

Component No.	Description	Received	Source	Dates	Pages
HO 1E	Work Activity Report EE		clmt	to 02/07/2017	12
HO 2E	Disability Report - Field Office		field office	to 02/07/2017	5
HO 3E	Disability Report - Adult		clmt	to 02/07/2017	10
HO 4E	Disability Report - Appeals		clmt	to 05/08/2017	7
HO 5E	Disability Report - Field Office		field office	to 05/08/2017	2
HO 6E	Disability Report - Appeals		clmt	to 10/20/2017	8
HO 7E	Disability Report - Field Office		field office	to 10/20/2017	2
HO 8E	Exhibit List to Rep PH2E		SSA OHO Columbus, Ohio	to 07/30/2018	24
HO 9E	Activities of Daily Living			to 09/27/2018	11

EXHIBIT G p.3

HO 10E	Work Background				4
				to	
				09/27/2018	
HO 11E	Recent Medical Treatment				1
				to	
				09/27/2018	
HO 12E	Medications				1
				to	
				09/27/2018	
HO 13E	Resume of Vocational Expert		John Finch, PhD		3
				to	
				05/13/2019	
HO 14E	Representative Correspondence		Rick Enriquez, Esq.; Outstanding to evidence: three sources		1
				06/03/2019	

Medical Records

Component No.	Description	Received	Source	Dates	Pages
HO 1F	Laboratory Test Report		Insight Laboratories		3
				to	
				10/12/2016	
HO 2F	Office Treatment Records		COLORADO BRAIN&SPINE INSTITUTE		6
				to	
				09/28/2016	
HO 3F	Office Treatment Records		COLUMBUS NORTHEAST HEALTH CENTER		6
				to	
				02/09/2017	
HO 4F	Office Treatment Records		COLORADO PAIN MGMT&ANEST HESIA CONSULTANT S		60
				02/26/2016	
				to	
				02/28/2017	
HO 5F	Claimant-supplied Evidence		Shruti Kapoor, MD, OhioHealth Pain Care Physicians		12
				05/05/2017	
				to	
				05/24/2017	
HO 6F	Office Treatment Records		Dr. Ronald Lakatos		1
				to	
				06/29/2017	

HO 7F	Progress Notes	OhioHealth Pain Care Physicians	05/24/2017 to 09/25/2018	51
HO 8F	Hospital Records	Grant Medical Center part 1 of 2	04/07/2017 to 12/05/2018	218
HO 9F	Hospital Records	Grant Medical Center part 2 of 2	04/07/2017 to 12/05/2018	200
HO 10F	Progress Notes	Ronald Lakatos, MD, OhioHealth Orthopedic Surgeons	04/03/2017 to 01/21/2019	51
HO 11F	Medical Source - No MER Available	Insight Laboratories	to 05/03/2019	2
HO 12F	Hospital Records	Mount Carmel Hospital	03/09/2017 to 08/12/2017	16
HO 13F	Progress Notes	OhioHealth Pain Mgmt; Orthopedic Surgeons	05/24/2017 to 09/25/2018	51
HO 14F	Progress Notes	Chris Karas, MD, OhioHealth Phys. Group Neuroscience	to 05/01/2018	3
HO 15F	Office Treatment Records	Colorado Brain & Spine Institute	11/04/2015 to 12/11/2015	31
HO 16F	Medical Evidence of Record	PrimaryOne Health	01/19/2017 to 04/12/2019	198

**SOCIAL SECURITY ADMINISTRATION
OFFICE OF DISABILITY ADJUDICATION AND REVIEW**

TRANSCRIPT

In the case of:

Sophia Tully

Claimant

Wage Earner
(Leave blank in SSI Claims, or if the name
is the same as above.)

Hearing Held at:

Columbus, Ohio

(City, State)

June 19, 2019

(Month, Day, Year)

by:

Noceba Southern

(Administrative Law Judge)

APPEARANCES:

Sophia Tully, Claimant
Rick Enriquez, Attorney for Claimant
John Finch, Vocational Expert

Claim for:

Period of Disability
Disability Insurance Benefits
Supplemental Security Income

805-8-3361

Social Security Number

[Skip to Content](#)

Social Security

The Official Website of the U.S. Social Security Administration

- [Need Larger Text?](#)
- [Accessibility Help](#)
- [Getting Started](#)
- [FAQ](#)

ERE: Electronic Folder

Claimant: Sophia Tully
 Level: Hearing
 Application: 01/25/2017
 Claimant SSN: 525-55-3361
 Last Insured: 12/31/2021
 Claim Type: T2, T16
 Last Change: 05/22/2019
 Alleged Onset: 10/30/2016

Exhibit List

A. Payment Documents/Decisions

Items: 8

Page Count: 0

#	Description	Decision Date	Received	Marked	Pg
1A	Disability Determination Explanation - DDE	03/07/2017	Prior to Hearing	N	10
2A	Disability Determination Explanation - DDE	03/07/2017	Prior to Hearing	N	10
3A	Disability Determination Transmittal - 831	03/07/2017	Prior to Hearing	N	1
4A	Disability Determination Transmittal - 831	03/07/2017	Prior to Hearing	N	1
5A	Disability Determination Explanation - DDE	10/04/2017	Prior to Hearing	N	17
6A	Disability Determination Explanation - DDE	10/04/2017	Prior to Hearing	N	17
7A	Disability Determination Transmittal - 831	10/10/2017	Prior to Hearing	N	1
8A	Disability Determination Transmittal - 831	10/10/2017	Prior to Hearing	N	1

B. Jurisdictional Documents/Notices

Items: 22

Page Count: 0

#	Description	Document Date	Received	Marked	Pg
1B	T2 Notice of Disapproved Claim - L443	03/07/2017	Prior to Hearing	N	3
2B	T16 Notice of Disapproved Claim - L444	03/07/2017	Prior to Hearing	N	3
3B	Representative Fee Agreement - FEEAGRMT	04/11/2017	Prior to Hearing	N	1

EXHIBIT R

P.1

#	Description	Document Date	Received	MarkedPg
4B	<u>Appointment of Representative - 1696</u>	04/11/2017	Prior to Hearing	N 1
5B	<u>Request for Reconsideration - 561</u>	05/08/2017	Prior to Hearing	N 3
6B	<u>T2 Disability Reconsideration Notice - L928</u>	10/11/2017	Prior to Hearing	N 7
7B	<u>T16 Disability Reconsideration Notice - L1130</u>	10/11/2017	Prior to Hearing	N 5
8B	<u>Request for Hearing by ALJ - 501</u>	10/20/2017	Prior to Hearing	N 2
9B	<u>Request for Hearing Acknowledgement Letter - HRGACK</u>	10/23/2017	Prior to Hearing	N 15
10B	<u>Objection to Video Hearing - VTCOUT</u>	11/03/2017	Prior to Hearing	N 2
11B	<u>Withdrawal/Revocation of Representation - WDREP</u>	11/07/2017	Prior to Hearing	N 2
12B	<u>Appointment of Representative - 1696</u>	12/11/2017	Prior to Hearing	N 1
13B	<u>Representative Fee Agreement - FEEAGRMT</u>	12/11/2017	Prior to Hearing	N 1
14B	<u>Representative Correspondence - REPLTR</u>	06/06/2017	Prior to Hearing	N 1
15B	<u>Withdrawal/Revocation of Representation - WDREP</u>	07/31/2018	Prior to Hearing	N 1
16B	<u>Representative Fee Agreement - FEEAGRMT</u>	10/12/2018	Prior to Hearing	N 1
17B	<u>Appointment of Representative - 1696</u>	10/12/2018	Prior to Hearing	N 1
18B	<u>Hearing Notice - 507</u>	11/26/2018	Prior to Hearing	N 14
19B	<u>Request for Postponement - REQPOST</u>	01/03/2019	Prior to Hearing	N 1
20B	<u>Hearing Notice - 507</u>	02/13/2019	Prior to Hearing	N 23
21B	<u>Claimant's Change of Address Notification - CHNGADD</u>	04/01/2019	Prior to Hearing	N 1
22B	<u>Acknowledge Notice of Hearing - 504</u>	05/13/2019	Prior to Hearing	N 1

D. Non-Disability Development

Items: 10

Page Count: 0

#	Description	Document Date	Received	MarkedPg
1D	<u>Application for Disability Insurance Benefits - 16</u>	02/07/2017	Prior to Hearing	N 5
2D	<u>Application for Supplemental Security Income Benefits - 8000</u>	02/07/2017	Prior to Hearing	N 6

EXHIBIT R

P. 2

#	Description	Document Date	Received	MarkedPg
3D	<u>Wage Information - WAGEINFO</u>		Prior to Hearing	N 2
4D	<u>New Hire, Quarter Wage, Unemployment Query (NDNH) - NDNH</u>	07/30/2018	Prior to Hearing	N 2
5D	<u>Certified Earnings Records - CERTERN</u>	07/30/2018	Prior to Hearing	N 3
6D	<u>Detailed Earnings Query - DEQY</u>	07/30/2018	Prior to Hearing	N 4
7D	<u>Summary Earnings Query - SEQY</u>	07/30/2018	Prior to Hearing	N 1
8D	<u>New Hire, Quarter Wage, Unemployment Query (NDNH) - NDNH</u>	05/14/2019	Prior to Hearing	N 1
9D	<u>Detailed Earnings Query - DEQY</u>	05/14/2019	Prior to Hearing	N 5
10D	<u>Summary Earnings Query - SEQY</u>	05/14/2019	Prior to Hearing	N 1

E. Disability Related Development

Items: 13

Page Count: 0

#	Description	Source	Date From	Date To	Received	MarkedPg
1E	<u>Work Activity Report EE - 821</u>	clmt		02/07/2017	Prior to Hearing	N 12
2E	<u>Disability Report - Field Office - 3367</u>	field office		02/07/2017	Prior to Hearing	N 5
3E	<u>Disability Report - Adult - 3368</u>	clmt		02/07/2017	Prior to Hearing	N 10
4E	<u>Disability Report - Appeals - 3441</u>	clmt		05/08/2017	Prior to Hearing	N 7
5E	<u>Disability Report - Field Office - 3367</u>	field office		05/08/2017	Prior to Hearing	N 2
6E	<u>Disability Report - Appeals - 3441</u>	clmt		10/20/2017	Prior to Hearing	N 8
7E	<u>Disability Report - Field Office - 3367</u>	field office		10/20/2017	Prior to Hearing	N 2
8E	<u>Exhibit List to Rep PH2E - EXHIBITLISTREP</u>	SSA OHO Columbus, Ohio		07/30/2018	Prior to Hearing	N 24
9E	<u>Activities of Daily Living - ADL</u>			09/27/2018	Prior to Hearing	N 11
10E	<u>Work Background - 4633</u>			09/27/2018	Prior to Hearing	N 4
11E	<u>Recent Medical Treatment - 4631</u>			09/27/2018	Prior to Hearing	N 1
12E	<u>Medications - 4632</u>			09/27/2018	Prior to Hearing	N 1
13E	<u>Resume of Vocational Expert - VERESUM</u>	John Finch, PhD		05/13/2019	Prior to Hearing	N 3

EXHIBIT R

P. 3

F. Medical Records

Items: 10

Page Count: 0

#	Description	Source	Date From	Date To	Received	Marked	Pg
1F	<u>Laboratory Test Report</u> - LABTEST	Insight Laboratories		10/12/2016	Prior to Hearing	N	3
2F	<u>Office Treatment</u> Records - OFFCREC	COLORADO BRAIN&SPINE INSTITUTE		09/28/2016	Prior to Hearing	N	6
3F	<u>Office Treatment</u> Records - OFFCREC	COLUMBUS NORTHEAST HEALTH CENTER	01/19/2017	02/09/2017	Prior to Hearing	N	6
4F	<u>Office Treatment</u> Records - OFFCREC	COLORADO PAIN MGMT&ANESTHESIA CONSULTANTS	02/26/2016	02/28/2017	Prior to Hearing	N	60
5F	<u>Claimant-supplied</u> <u>Evidence -</u> CLMTEVID	Shruti Kapoor, MD, OhioHealth Pain Care Physicians	05/05/2017	05/24/2017	Prior to Hearing	N	12
6F	<u>Office Treatment</u> Records - OFFCREC	Dr. Ronald Lakatos		06/29/2017	Prior to Hearing	N	1
7F	<u>Progress Notes -</u> PROGRESSNOTES	OhioHealth Pain Care Physicians	05/24/2017	09/25/2018	Prior to Hearing	N	51
8F	<u>Hospital Records -</u> HOSPITAL	Grant Medical Center part 1 of 2	04/07/2017	12/05/2018	Prior to Hearing	N	218
9F	<u>Hospital Records -</u> HOSPITAL	Grant Medical Center part 2 of 2	04/07/2017	12/05/2018	Prior to Hearing	N	200
10F	<u>Progress Notes -</u> PROGRESSNOTES	Ronald Lakatos, MD, OhioHealth Orthopedic Surgeons	04/03/2017	01/21/2019	Prior to Hearing	N	51

EXHIBIT R

p. 4

Medical Summary

Claimant: Sophia Tully
Level: Hearing
Application: 01/25/2017

Claimant SSN: ~~55-44-3361~~
Last Insured: 12/31/2021
Claim Type: T2, T16

Last Change: 05/22/2019
Alleged Onset: 10/30/2016
Date of Birth
03/11/1970 (age 49)

**Day: Wednesday Date: June 19, 2019 Time: 10:45 AM
Eastern (ET)**

**Room: 7 Address: 401 N Front Street
Suite 400
Columbus, OH 43215**

ALJ: Noceeba Southern
VE: John Finch PHD

EXHIBITS

A DDS RECON

\1

Below table represents the Relevant Dates

Date of Birth	Current Age	AOD	Age at AOD	DFI	DLI	Age at DLI	Blind DLI
03/11/1970	47 years 6 months (Younger person)	10/30/2016	46 years 7 months (Younger person)		12/31/2021		

\2

The individual filed for Initial claim for disability on 01/25/2017 due to the following illnesses, injuries, or conditions:

Herniated disc lower back pain; right SI joint pain needing surgery; tumor removed from my neck causing pain;

\4

Document Medical Opinion

Ms. Tully is currently unable to work at this time. She is currently undergoing treatment on her lumbar spine. Her return to work date is unknown at this time. She may require another procedure.

\11

IMPAIRMENT

7240 - Spine Disorders

PRIORITY

Primary

SEVERITY

Severe

\12

What is your assessment of the consistency of the individual's statements regarding symptoms considering the total medical and non-medical evidence in file?

Partially Consistent

Assessment of consistency regarding symptom related limitations:

The claimant's MDI(s) could reasonably be expected to produce the alleged symptoms, but the intensity of the symptoms and their impact on functioning are not consistent with the totality of the evidence. Specifically, clmt has nml gait and posture. clmt has normal MS. On 5/24/17 she had injections in SI joints. She is likely to have some pain, however not to the severity described by the clmt causing disabling sx.

The following displays medical opinions from all sources:

Source of Evidence	JULIE ANNE HALL
Source Name	Dr. Ronald Lakatos
Level	Reconsideration
Medical Opinion Date	06/29/2017
AMS	Yes
Document Supportability and Consistency	The MSS is given other weight. The statement on whether the clmt is able to work or not is left to the commissioner.

\14

RFC - Additional Explanation

RECON: Overall consistent w/ initial.

12/23/16- MRI lumbar 10/15/15-12-3 facet hypertrophy b/l. L3-4 mild L>R facet hypertrophy shallow, board based disc, osteophyte complex with mild left foraminal narrowing. L4-5DDD. rt foraminal disc extrusion compressing and displacing rt L5 nerve root. abutment left L5 nerve root without displacement. L5-S1 mild b/l facet hypertrophy. ext no C/C/E. CN 2-12 intact. pos SLR left. 5/5 BLU, pain with ext and flex. pos TTP b/l lumbar paraspinals. severe SIJ tenderness to palp. pos Patricks b/l.

cervical MRI- small protrusion C6-7 unchanged

These findings complete the medical portion of the disability determination.

\15

Additional Past Work Titles:

Job Title: Account Liason
Start Date: OCTOBER 2013
End Date: SEPTEMBER 2014

Job Title: Flight Attendant
Start Date: OCTOBER 2007
End Date: NOVEMBER 2014

Job Title: RX Clerk

\16

Start Date: JANUARY 2002
End Date: JANUARY 2007

Job Title: cashier
Start Date: 03/2016
End Date: 10/30/2016

Job Title: sales
Start Date: 12/08/2016
End Date: 12/17/2016

Based on the seven strength factors of the physical RFC (lifting/carrying, standing, walking, sitting, pushing, and pulling), the individual demonstrates the maximum sustained work capability for the following:

LIGHT

The highest grade of school completed by the individual is:

14

D Exhibits

8D

WAGE INFORMATION		Date: 05/14/2019	SSN: 525-55-3361
QUARTER PAID:	4TH/2018		
NAME (F,M,L):	SOPHIA TULLY	NAME/SSN VERIFIED:	Y
WAGES PAID:	\$3692	EIN:	311104271
EMPLOYER:	CROSS COUNTRY INNS, INC.		
EMPLOYER ADDRESS:	470 OLDE WORTHINGTON RD STE 120		
CITY ST ZIP:	WESTERVILLE, OH 43082-8986		
REPORTED BY:	OH	REPORT PROCESSED:	2019-04-10
QUARTER PAID:	3RD/2018		
NAME (F,M,L):	SOPHIA TULLY	NAME/SSN VERIFIED:	Y
WAGES PAID:	\$408	EIN:	361924025
EMPLOYER:	WALGREEN CO		
EMPLOYER ADDRESS:	300 WILMOT RD MSC 3301		
CITY ST ZIP:	DEERFIELD, IL 60015-4614		
REPORTED BY:	IL	REPORT PROCESSED:	2019-01-09
QUARTER PAID:	3RD/2018		
NAME (F,M,L):	SOPHIA TULLY	NAME/SSN VERIFIED:	Y
WAGES PAID:	\$1558	EIN:	311104271
EMPLOYER:	CROSS COUNTRY INNS, INC.		
EMPLOYER ADDRESS:	470 OLDE WORTHINGTON RD STE 120		
CITY ST ZIP:	WESTERVILLE, OH 43082-8986		
REPORTED BY:	OH	REPORT PROCESSED:	2019-01-09

10D

SUMMARY FICA EARNINGS FOR YEARS REQUESTED

YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS	YEAR	EARNINGS
2001	26423.32	2006	.00	2011	14148.60	2016	18863.84
2002	18763.65	2007	2682.52	2012	13679.66	2017	.00
2003	.00	2008	16733.39	2013	22332.49	2018	5658.07
2004	.00	2009	14772.21	2014	6594.63	2019	.00
2005	.00	2010	16552.43	2015	6196.59		

E Exhibits

3E/2

3.A. List all of the physical or mental conditions (including emotional or learning problems) that limit your ability to work. If you have cancer, please include the stage and type. List each condition separately.

- | |
|--|
| 1. Herniated disc lower back pain |
| 2. right SI joint pain needing surgery |
| 3. tumor removed from my neck causing pain |

3.B. What is your height without shoes? 5' 2"

3.C. What is your weight without shoes? 155 lbs.

3.D. Do your conditions cause you pain or other symptoms? No

3E/3

5.A. Check the highest grade of school completed. 2 years of college

Date Completed:

2000

3E/3

Job Title	Type of Business	Dates Worked		Hours Per Day	Days Per Week	Rate Of Pay	
		From mm/yy	To mm/yy			Amount	Frequency
Account Liason	Recycling	OCTOBER 2013	SEPTEMBER 2014	10	5	\$12.00	Hour
cashier	recycle center	03/2016	10/30/2016	8	5	\$12.00	Hour
Flight Attendant	Airlines	OCTOBER 2007	NOVEMBER 2014	10	6	\$21.00	Hour
RX Clerk	Distribution Center	JANUARY 2002	JANUARY 2007	8	5	\$12.00	Hour
sales	retail	12/08/2016	12/17/2016	5	4	\$9.00	Hour

F Exhibits

1F Insight Laboratories 10/12/16

1

SPECIFIC GRAVITY	TAU/TAU	NUMERICAL	REFERENCE RANGE
AMPHETAMINES	NEGATIVE		NORMAL
BARBITURATES	NEGATIVE		NORMAL
BENZODIAZEPINES	POSITIVE		HIGH
COCAINE METABOLITE	NEGATIVE		NORMAL
CANNABINOIDS	NEGATIVE		NORMAL
COCAINE	POSITIVE		HIGH
OPiates	NEGATIVE		NORMAL
METHADONE	POSITIVE		HIGH
BUPRENORPHINE	POSITIVE		HIGH
PCP	NEGATIVE		NORMAL
ETHANOL	NEGATIVE		NORMAL

2F Colorado Brain & Spine Institute 9/28/16

1

09/28/2016 - Office Visit: Follow-Up: Right SI joint pain and Intradural cerv tumor

Provider: Richard K Kim

Location of Care: Colorado Brain & Spine Institute

History of Present Illness:

Dr. Kim and I had the pleasure of seeing Ms. Sophia Tully in neurosurgical postoperative follow-up. As you know, she is a pleasant 45 year-old woman who underwent C4-C5 laminectomy for resection of Intradural tumor that was performed on December 8, 2015.

November 12, 2020

Page 6

(**Laminectomy** is surgery that creates space by removing the lamina — the back part of a vertebra that covers your spinal canal. Also known as decompression surgery, **laminectomy** enlarges your spinal canal to relieve pressure on the spinal cord or nerves)

She arrives to the neurosurgery office accompanied by her mother. Today, she complains of neck pain, she reports that her neck pain is a constant dull ache, but believes that this is due to tenseness in her shoulder. She denies any radiculopathy in her upper extremities. She does continue to have posterior and right lateral lumbar pain that radiates into her right buttocks. She denies any right leg radiculopathy but reports that her legs "lock up" at night. She also complains of right calf muscle cramping. She denies any paresthesias, left leg symptoms, saddle anesthesia, or bowel/bladder dysfunction. She has received several injections by Dr. Patel which have helped to resolve the right leg radiculopathy that she was previously having.

Prior Treatments

The patient reports having the following previous treatments for their problem: Epidural Steroid Injections, Facet Injections. The patient had an Epidural Steroid Injection on 06/09/2016 at the L3 level. She states that there was no improvement with this treatment. The patient had an Epidural Steroid Injection on 09/08/2016 at the L3-5 level. She states that there was no improvement with this treatment.

3/1/17 V2

Social History:

Reviewed history from 11/02/2015 and no changes required:

Alcohol Use - no

Drug Use - no

Employment Status - Unemployed

Marital Status - Single

Right-hand dominant.

Smoking History:

Patient has never smoked.

Passive Smoke Exposure - unknown

14

Cervical Exam:

Inspection-deformity: Normal

Palpation-spinal tenderness: Normal

Range of Motion:

Forward Flexion: normal degrees

Hyperextension: normal degrees

Right Lat. Flexion: normal degrees

Left Lat. Flexion: normal degrees

Right Lat. Rotation: normal degrees

Left Lat. Rotation: normal degrees

Hoffman's Sign:

Right: positive

Left: positive

Thoracic Exam:

Inspection-deformity: Normal

Palpation-spinal tenderness: Normal

Lumbosacral Exam:

Inspection-deformity: Normal

Palpation-spinal tenderness: Normal

Range of Motion:

Forward Flexion: normal degrees

Hyperextension: normal degrees

Right Lateral Bend: normal degrees

Left Lateral Bend: normal degrees

Toe Walking:

Right: normal

Left: normal

Heel Walking:

Right: normal

15

Diagnostic Studies

Cervical Spine MRI 09/16/2016: Health Images: resolution of the fluid in the laminectomy bed. No recurrence or progression of disease. The small protrusion at C6-7 is unchanged. There is no new protrusion that is seen

Diagnostic Studies

Cervical Spine MRI 09/16/2016: Health Images: resolution of the fluid in the laminectomy bed. No recurrence or progression of disease. The small protrusion at C6-7 is unchanged. There is no new protrusion that is seen

Problem # 1: Benign tumor of spinal intradural intramedullary space (ICD-225.3) (ICD10-D33.4)

Ms. Tully is a pleasant 46 year old that is being seen in the neurosurgery office today for follow up after

16

having a C4-C5 laminectomy for resection of intradural tumor that was performed on December 8, 2015. She is overall doing well, but does continue to have some dull neck pain. She has no radiculopathy. Her neurological exam is without any focal deficits in strength or sensation. She continues to be hyperreflexic and have a positive bilateral Hoffman's on exam. She had a cervical MRI that was reviewed today that shows no recurrence of her spinal cord lesion. These results were discussed with her in detail. Dr. Kim is very pleased with how well that she has progressed since surgery. She will need to have a cervical MRI with and without contrast in one year to reevaluate the cervical spine.

Problem # 2: Lumbar radiculopathy (ICD-724.4) (ICD10-M54.16)

She continues to complain of right lateral lumbar pain with radiation into her right buttocks. She has had several injections performed by her Dr. Patel, which have helped to alleviate the right leg radiculopathy that she was previously having. Her neurological exam is without focal deficits, but she does test positive for several Right SI joint provocative tests including: FABER, thigh thrust, compression, and distraction. After examining, Dr. Kim thinks that her right buttocks pain could be caused by her right SI joint. He would like for her to have a right SI joint injection with Dr. Patel and follow up with this office after it is completed. She was instructed to call our office for any questions or concerns prior to her follow up appointment.

3F Columbus NE Health Ctr 1/19/17-2/9/17

1

Encounter 3 Date 02/09/2017
Diagnosis Chronic right SI joint pain (M53.3)

Encounter 2 Date 01/27/2017
Diagnosis Chronic right SI joint pain (M53.3)

Encounter 1 Date 01/19/2017
Diagnosis Chronic right SI joint pain (M53.3), Breast cancer screening (Z12.39)

14

Encounter #1

History & Physical Report
1/19/2017; Medical Visit (IM/PM/Peds)

David Tessler MD
1/19/2017 9:52 AM
Location: Ogler Rd
Patient #: 1373200
DOB: 3/11/1970
Divorced / Language: English / Race: Refused to Report/Unreported
Female

History of Present Illness (David Tessler MD; 1/20/2017 9:24 AM)
Patient words: Here for a referral to get surgery on her right SI joint. Patient had a tumor removed in 1/2016 on the back of her neck. Insurance in stating that she needs one more to qualify for the surgery.

The patient is a 46 year old female who presents with a complaint of Establish Care. History of low back pain and SI joint problems. Also has a history of a cervical spinal cord tumor s/p removal. She is requesting referral to pain specialist as well as surgeon for further management of SI joint pain. Has been out of pain medication for 1 month.

MA: 1/19/2017 10:20 AM

4F Colorado Pain Mgmt & Anesthesia 2/26/16-2/28/17

12/23/16 16

November 12, 2020

Page 9

MRI lumbar spine 10/15/15 was reviewed: L2-3 mild facet hypertrophy bilaterally. L3-4 mild L > R facet hypertrophy, shallow broad based disc osteophyte complex with mild left foraminal narrowing. L4-5 DDD. Right foraminal disc extrusion compressing and displacing right L5 nerve root. Abutment of left L5 nerve root without displacement. L5-S1 mild bilateral facet hypertrophy.

17

Assessments

1. Chronic pain syndrome - G89.4 (Primary)
2. Encounter for screening for other disorder - Z13.89
3. Muscle spasm of back - M62.830
4. Other spondylosis with radiculopathy, lumbar region - M47.26
5. Other spondylosis with radiculopathy, lumbosacral region - M47.27
6. Postlaminectomy syndrome, not elsewhere classified - M96.1
7. Fibromyalgia - M79.7

12/1/16 110

CHIEF COMPLAINT: Low back pain.

PREPROCEDURE DIAGNOSIS: Lumbar spondylosis without radiculopathy.

POSTPROCEDURE DIAGNOSIS: Lumbar spondylosis without radiculopathy.

PROCEDURE PERFORMED: Lumbar radiofrequency neurolysis of medial branches.

138

07/14/2016

Amar Patel, MD

OPERATIVE REPORT

Notes:

PROCEDURE REPORT

PATIENT NAME: TULLY, SOPHIA MR#: 31340

SURGEON: AMAR PATEL, M.D. DATE: 07/14/2016

CHIEF COMPLAINT: Low back pain.

PREPROCEDURE DIAGNOSIS: Lumbar spondylosis without myelopathy.

POSTPROCEDURE DIAGNOSIS: Lumbar spondylosis without myelopathy.

PROCEDURE PERFORMED: Lumbar medial branch blocks.

LEVELS PERFORMED: Bilateral L3, L4, L5. Initially, we had targeted the bilateral L2 medial branches, as well. However, the patient was fairly intolerant to the procedure, therefore, we elected to perform only the bottom 3 levels bilaterally.

146

06/09/2016

Amar P

OPERATIVE REPORT

Notes:

PROCEDURE REPORT

PATIENT NAME: TULLY, SOPHIA MR#: 31340

SURGEON: AMAR PATEL, M.D. DATE: 06/09/2016

CHIEF COMPLAINT: Left lower extremity radiating pain.

PREPROCEDURE DIAGNOSIS: Left L3 radiculopathy.

POSTPROCEDURE DIAGNOSIS: Left L3 radiculopathy.

PROCEDURE PERFORMED: Lumbar transforaminal epidural steroid injection.

5F Shruti Kapoor, MD, Ohiohealth Pain 5/5/17-5/24/17

5/24/17 \1

Diagnoses

	Codes
Lumbar radiculopathy - Primary	ICD-10-CM: M54.16 ICD-9-CM: 724.4
Lumbar disc herniation with radiculopathy	ICD-10-CM: M51.16 ICD-9-CM: 722.10
Chronic right SI joint pain	ICD-10-CM: M53.3, G89.29 ICD-9-CM: 724.6, 338.29
Myofascial pain	ICD-10-CM: M79.1 ICD-9-CM: 729.1
Long term prescription opiate use	ICD-10-CM: Z79.891 ICD-9-CM: V58.69

12

. She reports almost no relief of pain in the right leg after the injection. Reports that the numbness and tingling have been becoming more frequent. She is afraid of falling when walking on uneven surfaces. Low back pain due to sacroiliitis also continues unabated. She reports significant limitation in activities of daily living and caring for her grandson.

13

PAST SURGICAL HISTORY:

Past Surgical History:

Procedure	Laterality	Date
<ul style="list-style-type: none"> • breast implants • FACIAL RECONSTRUCTION SURGERY • HERNIA REPAIR • NECK SURGERY • PAIN MANAGEMENT 	N/A	4/25/2017
<i>Procedure: Pain Management lumbar epidural steroid injection; Surgeon: Shruti G. Kapoor, MD; Location: DH IR LAB; Service:</i>		
<ul style="list-style-type: none"> • PAIN MANAGEMENT 	N/A	5/9/2017
<i>Procedure: Pain Management Sacroiliac joint inj; Surgeon: Shruti G. Kapoor, MD; Location: DH IR LAB; Service:</i>		

13

PROBLEM LIST:

Patient Active Problem List

Diagnosis	SNOMED CT(R)
<ul style="list-style-type: none"> • Low back pain • Protrusion of lumbar intervertebral disc 	LOW BACK PAIN PROLAPSED LUMBAR INTERVERTEBRAL DISC
<ul style="list-style-type: none"> • Lumbar disc herniation with radiculopathy 	LUMBAR DISC PROLAPSE WITH RADICULOPATHY
<ul style="list-style-type: none"> • Chronic right SI joint pain • Lumbar radiculopathy • Disc degeneration, lumbar 	SACROILIAC JOINT PAIN LUMBAR RADICULOPATHY DEGENERATION OF LUMBAR INTERVERTEBRAL DISC

15

Musculoskeletal:

Lumbar back: She exhibits decreased range of motion, tenderness and pain. TTP midline and paraspinal muscles b/l lumbar spine. Pain with facet loading. Pain with lumbar extension. (+) SI joint tenderness right. SLR (seated) positive right.

IMAGING:

MRI examination of the lumbar spine 4/3/17: I am labeling the last lumbar vertebral body as L5. Multilevel facet arthropathy seen throughout the spine. I see a disc herniation at L4-5. It is causing moderate right foraminal stenosis. Also see disc protrusion at L2-3 and L3-4. These are causing moderate left foraminal stenosis.

16

Visit Diagnoses

- Lumbar radiculopathy M54.16
- Lumbar disc herniation with radiculopathy M51.16
- Chronic right SI joint pain M53.3, G89.29
- Myofascial pain M79.1
- Long term prescription opiate use Z79.891

November 12, 2020

Page 12

June 29, 2017

Patient: Sophia Tully
Date of Birth: 3/11/1970
Address: 245 North Grant Avenue
Columbus OH 43216
Date of Visit: 6/29/2017

To Whom It May Concern:

Ms. Tully is currently unable to work at this time. She is currently undergoing treatment on her lumbar spine. Her return to work date is unknown at this time. She may require another procedure.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,



Ronald Lakatos, MD

7F Ohiohealth Pain Care 5/24/17-9/25/18

5/24/17 \1

HISTORY OF PRESENT ILLNESS:

Ms. Tully is a pleasant 47 y.o. female with low back pain that is thought to be sacroiliitis. She also has right leg radiculopathy due to spinal stenosis.

12

PAST SURGICAL HISTORY:

Past Surgical History:

Procedure	Laterality	Date
• breast implants		

13

Clinical Notes (continued)

- FACIAL RECONSTRUCTION SURGERY
- HERNIA REPAIR
- NECK SURGERY
- PAIN MANAGEMENT

	N/A	4/25/2017
<i>Procedure: Pain Management lumbar epidural steroid injection; Surgeon: Shruti G. Kapoor, MD;</i>		
<i>Location: DH IR LAB; Service:</i>		
- PAIN MANAGEMENT

	N/A	5/9/2017
<i>Procedure: Pain Management Sacroiliac joint inj; Surgeon: Shruti G. Kapoor, MD; Location: DH IR LAB; Service:</i>		

PROBLEM LIST:

Patient Active Problem List

Diagnosis

- Low back pain
- Protrusion of lumbar intervertebral disc
- Lumbar disc herniation with radiculopathy
- Chronic right SI joint pain
- Lumbar radiculopathy
- Disc degeneration, lumbar

SNOMED CT(R)
 LOW BACK PAIN
 PROLAPSED LUMBAR INTERVERTEBRAL DISC
 LUMBAR DISC PROLAPSE WITH RADICULOPATHY
 SACROILIAC JOINT PAIN
 LUMBAR RADICULOPATHY
 DEGENERATION OF LUMBAR INTERVERTEBRAL DISC

7/17/17 \12

1. Lumbar radiculopathy
2. Lumbar spinal stenosis
3. Bilateral sacroiliitis (HCC)
4. Long term prescription opiate use

SNOMED CT(R)
 LUMBAR RADICULOPATHY
 SPINAL STENOSIS OF LUMBAR REGION
 INFLAMMATION OF SACROILIAC JOINT
 PRESCRIBED MEDICATION REGIMEN
 BEHAVIOR FINDING

10/12/17 \189

Musculoskeletal:

Lumbar back: She exhibits decreased range of motion, tenderness and pain.

TTP midline and paraspinal muscles b/l lumbar spine. Pain with facet loading. Pain with lumbar extension. (+) SI joint tenderness right - unchanged from before; still quite severe. Less tender SI joint on the left. SLR (seated) positive b/l

127

1. Lumbar radiculopathy
2. Spinal stenosis of lumbar region with neurogenic claudication
3. Bilateral sacroiliitis (HCC)
4. Back strain, initial encounter
5. Long term prescription opiate use

SNOMED CT(R)
 LUMBAR RADICULOPATHY
 SPINAL STENOSIS OF LUMBAR REGION
 BILATERAL INFLAMMATION OF SACROILIAC JOINT
 STRAIN OF BACK MUSCLE
 PRESCRIBED MEDICATION REGIMEN
 BEHAVIOR FINDING

136

1. Chronic right SI joint pain

SNOMED CT(R)
 SACROILIAC JOINT PAIN

Ambulatory sacroiliac injection

Orders Placed This Encounter

- Ambulatory sacroiliac injection
Bilateral si joint injections

Standing Status:

Future

Standing Expiration Date:

1/23/2019

144

Progress Note: Delaware Pain Management

Date: 8/28/2018
Patient name: Sophia Tully
Medical Record #: 5004938183
Date Of Birth: 3/11/1970

Assessment/Plan:

- 1. Lumbar disc herniation with radiculopathy SNOMED CT(R)
LUMBAR DISC PROLAPSE WITH RADICULOPATHY

8F Grant Medical Center Part 1 4/7/17-12/5/18

13

Problem List (continued)

Disc degeneration, lumbar		
Diagnosis: Disc degeneration, lumbar	Noted on: 5/18/2017	Chronic: No
Low back pain		
Diagnosis: Low back pain	Noted on: 4/3/2017	Chronic: No
Lumbar disc herniation with radiculopathy		
Diagnosis: Lumbar disc herniation with radiculopathy	Noted on: 4/3/2017	Chronic: No
Lumbar radiculopathy		
Diagnosis: Lumbar radiculopathy	Noted on: 5/1/2017	
Protrusion of lumbar intervertebral disc		
Diagnosis: Protrusion of lumbar intervertebral disc	Noted on: 4/3/2017	Chronic: No
Spinal stenosis of lumbar region		
Diagnosis: Spinal stenosis of lumbar region	Noted on: 12/12/2017	Chronic: No
Status post lumbar surgery		
Diagnosis: Status post lumbar surgery	Noted on: 1/12/2018	Chronic: No

4/7/17 19

ORDERING SYSTEM PROVIDED DIAGNOSIS CODES:

M54.40 Low back pain with sciatica, sciatica laterality unspecified, unspecified back pain laterality, unspecified chronicity

FINDINGS:

BONES/ALIGNMENT: The spine is labeled such that there are 6 lumbar-type vertebral bodies, as labeled in the PACS system. With this numbering scheme, degenerative disc disease is most pronounced at L5-L6. There are no areas of marrow edema to suggest an acute fracture.

SPINAL CORD: The conus medullaris demonstrates normal signal intensity and terminates near the level of the L1-L2 disc space. The cauda equina nerve roots are unremarkable.

SOFT TISSUES: There are no paraspinal masses identified. No paraspinal edema.

L1-L2: There is a disc bulge at this level with an associated posterior midline annular tear in the disc measuring approximately 2 mm in diameter. There is no central spinal canal or foraminal narrowing.

L2-L3: There is no significant disc herniation, spinal canal stenosis or neural foraminal narrowing.

L3-L4: There is bilateral facet arthropathy. There is a left foraminal disc protrusion measuring approximately 1 mm in diameter. This results in minimal left foraminal narrowing. No right foraminal narrowing or central spinal canal stenosis.

L4-L5: There is a far left lateral disc protrusion measuring approximately 5 mm in diameter. There is no central spinal canal stenosis. Bilateral facet arthropathy. No right foraminal narrowing. There is mild left foraminal narrowing with probable contact of the exiting extraforaminal left L4 nerve.

L5-S1: There is a broad-based central/left paracentral disc protrusion measuring 4 mm in diameter, contacting the left L5 nerve root in the lateral recess. No central spinal canal stenosis. Mild left foraminal narrowing. Moderate right foraminal narrowing. There is a far right lateral disc protrusion measuring 4 mm.

L6-S1: No significant disc herniation, foraminal narrowing, or central spinal canal stenosis.

110

Impression:

1. Please note that the spine is labeled such that there are 6 lumbar-type vertebral bodies.
2. There is a far right lateral disc protrusion at L5-L6, resulting in moderate right foraminal narrowing. Additionally, there is a broad-based left paracentral/central disc protrusion at this level, contacting the left L5 nerve root in the lateral recess and resulting in mild left foraminal narrowing.
3. There is a far left lateral disc protrusion at L4-L5, contacting the extraforaminal left L4 nerve root and resulting in mild left L4-L5 foraminal narrowing.

TMM/lo

5/20/17 119

-history provided by: Patient

patient presents emergent department with cramping and spasm in both lower extremities. S

122

Procedures

MDM

Patient is muscle spasm bilateral lower extremities anxious feeling better after IV fluids we did check baseline labs no substantial abnormalities have her continue monitor symptoms Flexeril for any spasm and continue oral hydration no signs of cauda equina do not feel this is from her back no neurovascular compromise.

ED Course

135

Sophia Tully
5/28/2017 8:25 PM ED

Location: **Grant Medical Center**
Account #: **6201002484**

Demographic Information

Date Of Birth	Sex	Race	Ethnicity	Preferred Language	Preferred Written Language
3/11/1970	Female	Caucasian	Not Hispanic or Latino	English	English

Diagnoses this visit

MUSCLE SPASM OF BOTH LOWER LEGS (Primary Diagnosis)

\52

TULLY, SOPHIA
MRN 5004938183

CSN 6201671872
DOB 03/11/1970
DATE 06/09/2017

OPERATIVE REPORT

SURGEON RONALD LAKATOS, MD

PREOPERATIVE DIAGNOSIS

Chronic low back pain, disk degeneration.

POSTOPERATIVE DIAGNOSIS

Chronic low back pain, disk degeneration.

PROCEDURE PERFORMED

Lumbar discography L3-4, L4-5, L5-6, L6-S1 (62290x4)

\123

H&P Notes (continued)

- | | |
|--|------------|
| • Complication of anesthesia | 06/09/2017 |
| • Coronary artery disease | 06/09/2017 |
| • Deep vein thrombosis (HCC) | 06/09/2017 |
| • Family history of bleeding disorder | 06/09/2017 |
| • History of blood transfusion | 06/09/2017 |
| • No blood products | 06/09/2017 |
| • PONV (postoperative nausea and vomiting) | 12/12/2017 |
| • Pulmonary embolism (HCC) | 06/09/2017 |
| • Sleep apnea, obstructive | 06/09/2017 |

\160

Columbus OH 43215

Adm: 12/12/2017, D/C: 12/14/2017

Operative Notes (continued)

Lumbar disc degeneration disc herniation, degenerative scoliosis.

POSTOPERATIVE DIAGNOSES

Lumbar disc degeneration disc herniation, degenerative scoliosis.

PROCEDURE PERFORMED

1. L5-L6 anterior lumbar arthrodesis.
2. Insertion of intervertebral cage ileo medium, 8 degrees by 11 mm.
3. Anterior instrumentation Nuvasive Halo plate, L5-6.
1. Operative fluoroscopy for placement of instrumentation and cage.

(Arthrodesis is the fusion of vertebrae over a joint space that occurs through a natural process or as a result of surgical procedure. ... Arthrodesis immobilizes the joints at the level of the fusion. Thus, the procedure can be used to treat pain caused by the motion or instability of the spine.)

9F Grant Medical Ctr Part 2 4/7/17-12/5/18
5/29/18 \102

Reason for Visit

Chief complaint: Pre-operative Medical Risk Stratification

Visit diagnoses:

- Encounter for pre-operative examination (primary)
- CHRONIC PAIN SYNDROME
- Pre-operative cardiovascular examination
- PERSONAL HISTORY OF DISEASE OF BLOOD AND BLOOD-FORMING ORGANS
- Need for prophylactic measure
- Chronic midline low back pain with sciatica, sciatica laterality unspecified

\106

Past Surgical History:

- | | | |
|--|-----------|------------|
| • BACK SURGERY | | |
| • BREAST AUGMENTATION | | |
| • DISCOGRAM LUMBAR | N/A | 6/9/2017 |
| Procedure: L3-S1 LUMBAR DISCOGRAM POSSIBLE ADDITIONAL LEVELS; Surgeon: Ronald Lakatos, MD; Location: GMC Main OR; Service: | | |
| • FACIAL RECONSTRUCTION SURGERY | | |
| • HERNIA REPAIR | | |
| • LAMINECTOMY DECOMP LUMBAR ANTERIOR W/ FUSION SINGLE LEVEL | N/A | 12/12/2017 |
| Procedure: L5-S6 ANTERIOR LUMBAR INTERBODY FUSION W/ PLATE POSSIBLE ADDITIONAL LEVELS AND ALL INDICATED AND ASSOCIATED PROCEDURES; Surgeon: Ronald Lakatos, MD; Location: GMC Main OR; Service: Orthopedic | | |
| • NECK SURGERY | | |
| neck and back spinal cord-removal of tumor | | |
| • NERVE BLOCK SACRAL JT | Bilateral | 2/9/2018 |
| Procedure: INJECTION SACROILIAC JOINT (DO NOT USE MODIFIER; PLEASE DO X2.) -MD; Surgeon: Michael Veitch Bourm, DO; Location: OH OR GMH Pain Location; Service: Pain Management | | |
| • NERVE BLOCK SACRAL JT | Bilateral | 4/6/2018 |

\109

- Impression**
1. Stable postsurgical change status post anterior interbody fusion at the L5-L6 level with transitional anatomy at the lumbosacral junction as described above.
 2. No acute fracture.

JML/mkv

112**H&P Notes (continued)**

-
- **HERNIA REPAIR**
 - **LAMINECTOMY DECOMP LUMBAR ANTERIOR W/ FUSION** N/A 12/12/2017
SINGLE LEVEL
Procedure: L5-S6 ANTERIOR LUMBAR INTERBODY FUSION W/ PLATE POSSIBLE ADDITIONAL LEVELS AND ALL INDICATED AND ASSOCIATED PROCEDURES; Surgeon: Ronald Lakatos, MD; Location: GMC Main OR; Service: Orthopedic
 - **NECK SURGERY**
neck and back spinal cord-removal of tumor
 - **NERVE BLOCK SACRAL JT** Bilateral 2/9/2018
Procedure: INJECTION SACROILIAC JOINT (DO NOT USE MODIFIER, PLEASE DO X2.) -MD; Surgeon: Michael Veatch Bourn, DO; Location: OH OR GMH Pain Location; Service: Pain Management
 - **NERVE BLOCK SACRAL JT** Bilateral 4/8/2018
Procedure: INJECTION SACROILIAC JOINT; Surgeon: Michael Veatch Bourn, DO; Location: OH OR GMH Pain Location; Service: Pain Management
 - **PAIN MANAGEMENT** N/A 4/25/2017
Procedure: Pain Management lumbar epidural steroid injection; Surgeon: Shruti G. Kapoor, MD; Location: DH IR LAB; Service:
 - **PAIN MANAGEMENT** N/A 5/9/2017
Procedure: Pain Management Sacroiliac Joint Inj; Surgeon: Shruti G. Kapoor, MD; Location: DH IR LAB; Service:
 - **PAIN MANAGEMENT** N/A 8/29/2017
Procedure: Pain Management SCS trial; Surgeon: Shruti G. Kapoor, MD; Location: DH IR LAB; Service:
 - **SACROILIAC JOINT INJECTION** 2/9/2018
 - **SACROILIAC JOINT INJECTION** 4/8/2018

5/29/18 \120**PREOPERATIVE DIAGNOSIS: failed back syndrome****POSTOPERATIVE DIAGNOSIS: failed back syndrome****OPERATION**

1. Placement of left THORACIC dorsal column stimulator epidural array.
2. Placement of right THORACIC dorsal column stimulator epidural array.
3. Placement of dorsal column stimulator generator.
4. Complex programming within the first hour of placement.
5. Use of Intraoperative fluoroscopy and interpretation of films.
6. Use of intraoperative neurologic monitoring, which remained stable throughout the case.

12/5/18 \194

FINDINGS:

BONES/ALIGNMENT: There are 6, non-rib-bearing lumbar type vertebral bodies. For the purposes of this dictation, the inferior most lumbar type vertebral body will be considered L6. This is in keeping with prior lumbar spine radiographs 11/19/2018.

There are postsurgical changes from L5-L6 discectomy and anterior plate and screw fixation. Artifact related to spinal hardware degrades multiple images and limits evaluation of the adjacent anatomy. Hardware is intact. There is osseous fusion of the L5-L6 intervertebral graft. No significant lucency surrounding the hardware.

There is normal alignment of the spine. Vertebral body heights are maintained. No evidence of acute fracture.

DEGENERATIVE CHANGES: Mild endplate osteophytes are noted throughout the visualized thoracic and lumbar spine. There are small disc bulges from T12-L1 through L4-L5. There are facet joint degenerative changes throughout the lumbar spine. No spinal canal stenosis. No significant neural foraminal stenosis.

SOFT TISSUES/RETROPERITONEUM: Paraspinal soft tissues are unremarkable. Neurostimulator lead enters the spinal canal posteriorly at the T12-L1 level. Visualized neurostimulator lead is intact.

IMPRESSION:

Postsurgical changes from L5-L6 discectomy and anterior fixation. No evidence of hardware complication.

No acute osseous abnormality.

Multilevel degenerative changes of the spine without spinal canal stenosis.

10F

Ronald Lakotos, MD, Ohio Ortho Surg 4/3/17-1/21/19

1

Diagnoses

	Codes
Chronic pain syndrome - Primary	ICD-10-CM: G89.4 ICD-9-CM: 338.4
Bilateral sacroiliitis (HCC)	ICD-10-CM: M46.1 ICD-9-CM: 720.2

Patient Active Problem List

Diagnosis

- Low back pain
- Protrusion of lumbar intervertebral disc
- Lumbar disc herniation with radiculopathy
- Chronic right SI joint pain
- Lumbar radiculopathy
- Disc degeneration, lumbar
- Spinal stenosis of lumbar region
- Status post lumbar surgery
- Chronic pain syndrome
- Bilateral sacroiliitis (HCC)

SNOMED CT(R)

- LOW BACK PAIN
- PROLAPSED LUMBAR INTERVERTEBRAL DISC
- LUMBAR DISC PROLAPSE WITH RADICULOPATHY
- SACROILIAC JOINT PAIN
- LUMBAR RADICULOPATHY
- DEGENERATION OF LUMBAR INTERVERTEBRAL DISC
- SPINAL STENOSIS OF LUMBAR REGION
- HISTORY OF OPERATIVE PROCEDURE ON LUMBAR SPINAL STRUCTURE
- CHRONIC PAIN SYNDROME
- BILATERAL INFLAMMATION OF SACROILIAC JOINT

12

Note: To expedite correspondence this note was generated by Dragon voice recognition software. Some grammatical or spelling errors may occur using the system.

- 1. Chronic pain syndrome
- 2. Bilateral sacroiliitis (HCC)

SNOMED CT(R)
 CHRONIC PAIN SYNDROME
 BILATERAL INFLAMMATION OF
 SACROILIAC JOINT

11/19/18 \4

Progress Notes

Ronald Lakatos, MD (Physician) • Orthopedic Surgery

Subjective:

Patient ID: Sophia Tully is a 48 y.o. female.

HPI: Patient returns for follow-up, she is now approaching a year out from her surgery with anterior interbody fusion and plating at L5-L6 from December 12, 2017. She notes overall she still is doing much better relative to her lumbar pain since the surgery. She also had a

17

Diagnoses

	Codes
Chronic midline low back pain with right-sided sciatica -	ICD-10-CM: M54.41, G89.29
Primary	ICD-9-CM: 724.2, 724.3, 338.29

Progress Notes

Ronald Lakatos, MD (Physician) • Orthopedic Surgery

Subjective:

Patient ID: Sophia Tully is a 48 y.o. female.

HPI: Patient returns for follow-up, she was last seen March 26, 2018. At that point she was 3/2 months out from her anterior interbody fusion at L5-L6 from December 12, 2017. She had undergone some SI joint injections by Dr. Bourn that helped her symptoms for about 2 months. There was to be discussion of the potential trial of a spinal cord stimulator. She relates that

19

Medication Changes

As of 8/27/2018 6:20 PM

None

Visit Diagnoses

Chronic midline low back pain with right-sided sciatica M54.41, G89.29

22

November 12, 2020

Page 21

TULLY, SOPHIA
MRN 5004938183

CSN 6210011347
DOB 03/11/1970
DATE 12/12/2017

OPERATIVE REPORT

SURGEON RONALD LAKATOS, MD

PREOPERATIVE NOTE

Lumbar disc degeneration disc herniation, degenerative scoliosis.

POSTOPERATIVE DIAGNOSES

Lumbar disc degeneration disc herniation, degenerative scoliosis.

PROCEDURE PERFORMED

1. L5-L6 anterior lumbar arthrodesis.
2. Insertion of intervertebral cage ileo medium, 8 degrees by 11 mm.
3. Anterior instrumentation Nuvasive Halo plate, L5-6.
4. Operative fluoroscopy for placement of instrumentation and cage.

6/9/17 \39

Orthopedics

TULLY, SOPHIA
MRN 5004938183

CSN 6201671872
DOB 03/11/1970
DATE 06/09/2017

OPERATIVE REPORT

SURGEON RONALD LAKATOS, MD

PREOPERATIVE DIAGNOSIS

Chronic low back pain, disk degeneration.

POSTOPERATIVE DIAGNOSIS

Chronic low back pain, disk degeneration.

PROCEDURE PERFORMED

Lumbar discography L3-4, L4-5, L5-6, L6-S1 (62290x4)

Radiologic guidance, interpretation and control:

L3-4, L4-5, L5-6, L6-S1 (72295x4)

ANESTHESIA

MAC plus local.

(Lumbar discography is an injection technique used to evaluate patients with back pain who have not responded to extensive conservative (nonsurgical) care regimens. .)

11F Insight Laboratories

5/3/19

No records

14

History of Present Illness

The patient presents to the emergency department and reports being assaulted. The onset was just prior to arrival. patient reports her nose was bitten, she was struck in the head, and has bruises on her arms. The exacerbating factor is movement. Risk factors consist of not anticoagulated. The patient's dominant hand is the right hand. Therapy today: emergency medical services. Associated symptoms: loss of consciousness brief, denies nausea, denies vomiting, denies back pain, denies abdominal pain, denies chest pain, denies shortness of breath, denies altered sensation and denies focal weakness.

16

Medical Decision Making

Notes: TREATMENT & MEDICAL DECISION MAKING: I saw and evaluated the patient. I have reviewed the chief complaint, triage note, past medical/surgical, family, and social history.

The patient's old medical records have been reviewed.

The patient presents by EMS after assault as described. She is nontoxic appearing, hemodynamically stable, and neurologically intact. Injuries seem limited to head and face as described and right forearm. There is no suggestion of spinal injury or chest or abdominal injury. Imaging obtained of the brain and facial no acute findings. She does have a bite wound to her face. None of these wounds require sutures. Will place her on prophylactic Augmentin for the bite wound. She reports her tetanus is up-to-date. Recommended symptomatic pain management and provided standard instructions otherwise. Police have been notified.

The patient's presenting pulse oximetry was interpreted as normal room air

I have ordered and reviewed the preliminary interpretation for the following test(s): CT and x-ray

Impression: abrasion - scalp, bite wound - nose, contusion - face, close head injury, right forearm contusion

17

DATE OF EXAM: 8/12/2017 2:00 AM

HISTORY: Head Trauma. Assaulted this evening struck multiple times in the head with moderate headache

COMPARISON: NONE

TECHNIQUE: Contiguous axial images were obtained through the brain without intravenous contrast administration.

FINDINGS:

The sulci and fissures are normal for age. There is no intracranial hemorrhage, mass lesion or mass effect. The brain parenchymal density is normal. The ventricular system is of normal caliber and there is no midline shift. The visualized paranasal sinuses and mastoid air cells are normally aerated. The skull is intact.

IMPRESSION:

1. No acute intracranial abnormality.

Exam Name: Accession Number:
CT Maxillofacial w/o Contrast CT-17-0170577

Ordering Physician:
Herdman MD ,Marc R

Exam Date/Time:
8/12/2017 02:00 EDT

Reason For Exam:
(CT Maxillofacial w/o Contrast) Trauma

Report
EXAMINATION TYPE: CT Maxillofacial w/o Contrast

DATE OF EXAM ORDERED: 8/12/2017 2:00 AM

HISTORY: Trauma, assaulted this evening struck in the head multiple times with bites to the face and nose

18

November 12, 2020

Page 23

Report

CONTRAST USED: None

COMPARISON: CT head same date and time

TECHNIQUE: Axial, Sagittal, and Coronal images were obtained through the maxillofacial region.

FINDINGS:

Nasal bones, orbits and zygomatic arches are intact. No facial bone fracture is identified. There is a surgical suture noted in the region of the anterior maxillary spine which is intact.

The paranasal sinuses and mastoid air cells are normally aerated. There is soft tissue laceration of the RIGHT side of the nose identified.

IMPRESSION:

1. No facial fracture identified.
2. Soft tissue laceration of the RIGHT side of the nose.

110

Reason For Exam:

(XR Forearm 2 Views RT) Pain w Trauma

Report

RIGHT FOREARM, 2 VIEWS:

CLINICAL STATEMENT: Acute posttraumatic right forearm pain.

Patient: TULLY, SOPHIA MRN: (COL)-050336802 FIN: 017749033-7062
Age: 46 years Sex: Female DOB: 3/11/1970
Associated Diagnoses: None
Author: Pap MD, Daniel P

Comments

R LBB SA-S2 and R SI joint injection

PRE-PROCEDURE DIAGNOSIS: 1.) Lumbosacral spondylosis, 2.) Right sacroiliac joint dysfunction, 3.) Chronic low back pain

POST-PROCEDURE DIAGNOSIS: same

PROCEDURE: Fluoroscopic guided R Lateral Branch Block of Bilateral Sacral Ala, S1, and S2; and R Sacroiliac joint injection

13F

Ohio Health Pain Mgmt; Orthopedic Surgeons

5/24/17-9/25/18

1

INTERVAL HISTORY:

Severe presents in follow-up status post SI joint injections. She reports no relief of pain following the injections. She is being evaluated by Dr. Lakatos who is considering discography to see if it is perhaps the low lumbar disks that are cause of the problem and not the SI joint. She reports that recently she had to go to the ER due to severe muscle spasms. There was some concern for rheumatoid arthritis as she has a family history of rheumatoid arthritis. Thankfully blood work done at that time was all normal. She did feel a little bit better after some medications and IV hydration. No new issues. No saddle anesthesia or change in bowel or bladder control.

5/24/17 1

Last urine screens:

Date: 4/24/17 Results: Inconsistent - positive Hydromorphone+Norhydrocodone- reports getting medication from a family member. She is was informed that this is considered opioid abuse. This is her first warning. If this were to ever happen again, she would be discontinued from her opioids.

12

Current Outpatient Prescriptions:

- calcium carbonate-vitamin D2 500 mg(1,250mg) -200 unit tablet, Take 1 tablet by mouth 2 (two) times a day., Disp: , Rfi: 3
- cholecalciferol, vitamin D3, 5,000 unit capsule, Take 5,000 Units by mouth daily., Disp: , Rfi: 3
- cyclobenzaprine (FLEXERIL) 5 MG tablet, Take 1 tablet (5 mg total) by mouth 3 (three) times a day as needed for muscle spasms., Disp: 12 tablet, Rfi: 0
- ferrous sulfate 325 (65 FE) MG tablet, Take 1 tablet by mouth daily., Disp: , Rfi: 3
- iron aspgl.ps complex-vit C-sa (FERREX 150 PLUS) 150-50-50 mg cap, Take 1 capsule by mouth daily with breakfast., Disp: , Rfi: 3
- meloxicam (MOBIC) 15 MG tablet, Take 0.5 tablets (7.5 mg total) by mouth 2 (two) times a day as needed for pain., Disp: 60 tablet, Rfi: 3
- oxyCODONE-acetaminophen (PERCOCET) 5-325 mg per tablet, Take 1 tablet by mouth 3 (three) times a day as needed., Disp: , Rfi: 0
- tiZANidine (ZANAFLEX) 4 MG tablet, Take 4 mg by mouth 3 (three) times a day as needed., Disp: , Rfi: 1
- topiramate (TOPAMAX) 100 MG tablet, Take 100 mg by mouth 2 (two) times a day., Disp: , Rfi: 1
- gabapentin (NEURONTIN) 600 MG tablet, Take 1 tablet (600 mg total) by mouth 3 (three) times a day., Disp: 90 tablet, Rfi: 5
- methocarbamol (ROBAXIN) 750 MG tablet, 2 tablets po tid prn muscle spasms. Start with 1 tablet po qhs if no side effects may increase to 2 tablets po qhs, if still no side effects may increase to 2 tablets po tid pm..., Disp: 180 tablet, Rfi: 6
- oxyCODONE (ROXICODONE) 5 MG immediate release tablet, Take 1 tablet (5 mg total) by mouth every 8 (eight) hours as needed for pain., Disp: 90 tablet, Rfi: 0

13

Procedure	Laterality	Date
• breast implants		
• FACIAL RECONSTRUCTION SURGERY		
• HERNIA REPAIR		
• NECK SURGERY		
• PAIN MANAGEMENT	N/A	4/25/2017
<i>Procedure: Pain Management lumbar epidural steroid injection; Surgeon: Shruti G. Kapoor, MD; Location: DH IR LAB; Service:</i>		
• PAIN MANAGEMENT	N/A	5/9/2017
<i>Procedure: Pain Management Sacroiliac joint inj; Surgeon: Shruti G. Kapoor, MD; Location: DH IR LAB; Service:</i>		

13

PROBLEM LIST:

Patient Active Problem List

Diagnosis

- Low back pain
- Protrusion of lumbar intervertebral disc
- Lumbar disc herniation with radiculopathy
- Chronic right SI joint pain
- Lumbar radiculopathy
- Disc degeneration, lumbar

SNOMED CT(R)
 LOW BACK PAIN
 PROLAPSED LUMBAR INTERVERTEBRAL DISC
 LUMBAR DISC PROLAPSE WITH RADICULOPATHY
 SACROILIAC JOINT PAIN
 LUMBAR RADICULOPATHY
 DEGENERATION OF LUMBAR INTERVERTEBRAL DISC

14

Musculoskeletal:

Lumbar back: She exhibits decreased range of motion, tenderness and pain.

TTP midline and paraspinous muscles b/l lumbar spine. Pain with facet loading. Pain with lumbar extension. (+) SI joint tenderness right. SLR (seated) positive right.

18

INTERVAL HISTORY:

Severe presents in follow-up. Reports that pain is quite severe. It is located in the buttock and goes down both legs. She did see Dr. Lakatos in follow-up. He is recommended arthrodesis at L5-L6 (what I have called L5-S1 in my notes). He also agreed that perhaps a trial of spinal cord stimulation before arthrodesis would have better long-term outcome. Sophia has been using all medications prescribed. This includes Percocet. She denies any side effects. There are no aberrant behaviors. She reports that her goal is to get back to work. She is trying to remain as physically active as possible, in part due to opiate use. Reports that with spinal cord stimulation she would hope for a decreasing dose of opioids along with hopefully an ability to return to work.

11/13/17 123 (traveled to Florida)

INTERVAL HISTORY:

Sophia presents for an unscheduled follow-up today. Reports that she was travelling from Florida and was sitting in the plane for a long time. Additionally she was pulling heavy luggage. All these led to a severe exacerbation in pain. She reports pain in bilateral buttocks. She also reports a new sensation of pain going down the posterior aspect of the left leg. She endorses that now she has pain along the posterior aspect of both legs. At night, she even feels pain along the anterior aspect and the pain appears to go to both knees. She reports numbness and tingling in a pinprick sensation in both legs. She is scheduled to see Dr. locators in a few days. Denies any saddle anesthesia. Denies any changes in bowel or bladder control. No red flags. Reports that she has been using her Percocet as prescribed. Has not increased her dose due to fear of running out. This medication is not helping her anymore. She did call 911 yesterday but when they arrived she refused to go fearing that any medications given in the ED will go against her contract with us.

30

**Sophia Tully
47 y.o.
12/19/2017**

ASSESSMENT/PLAN:

- | | | |
|----|---|--|
| 1. | Low back pain with sciatica, sciatica laterality unspecified, unspecified back pain laterality, unspecified chronicity | SNOMED CT(R)
LUMBAGO WITH SCIATICA |
| 2. | Protrusion of lumbar intervertebral disc | PROLAPSED LUMBAR INTERVERTEBRAL DISC |
| 3. | Lumbar disc herniation with radiculopathy | LUMBAR DISC PROLAPSE WITH RADICULOPATHY |

40

November 12, 2020

Page 26

Objective

Exam: exam reveals her area of pain to be indicated in the low lumbosacral region, mid lower lumbar spine , neurologically intact.

Tests / Results:

Xr Lumbar Spine 2-3 Views (standard)

Result Date: 3/26/2018

2 lumbar x-rays AP and lateral, these reveal the cage and anterior plate at L5-L6 to be in proper position.

14F Chris Karas, MD, OhioHealth Phys. Group Neuroscience 5/1/18

5/1/18 \1

Reason for Visit

Chief complaints: Back Pain, Neck Pain, and Leg Pain

Visit diagnoses:

- Status post lumbar spine operation
- Postlaminectomy syndrome, lumbar region (primary)
- Encounter for screening examination for infectious disease

Sophie Tully is a very nice 48-year-old female who was referred to the neurosurgery clinic today regarding successful dorsal column stimulator trial for bilateral back and leg pain, particularly SI joint pain. The trial was performed by Dr. Kapoor in the past with a St. Jude system. She has since had surgery on her spine with Dr. Lakatos. Furthermore, she now follows with Dr. Bourn rather than Dr. Kapoor for pain management. She is here today to discuss permanent implantation of the stimulator. She had greater than 50% relief of her pain with the trial.

15F Colorado Brain & Spine Institute

11/4/15-12/11/15

\1

To whom it may concern,

June 10, 2019

Sophia Tully was an employee of the company, Denver Scrap Metal ("DSM"), for eight months in 2016. Her employment terminated on November 30th, 2016 due to a voluntary termination. She voluntarily terminated her position after attempting to perform the required job functions in a variety of different ways (working sitting down or standing up, etc.) Nevertheless, due to the extensive period of pain, functional limitations, and the expectation of the continued duration, she could not perform the job functions required for her position.

Sophia Tully, as an employee, was honest, punctual, and a joy to work with. She truly attempted to make the job work throughout many painful months however she was unable to continue with gainful employment at DSM due to the immense amount of pain, limited mobility and her inability to continue the basic functions of the lead cashier position - such as sitting and standing, operating the register, filing records, etc. as described in the initial job description.

Sincerely,



Irene Chavez

Vice President

Denver Scrap Metal

6/6/19 v2

She does also endorse headaches that start in her posterior cervical spine and radiate up into her bifrontal temporal area. These headaches do make her photophobic and sensitive to sound. She does get a "tunnel vision" prior to an increase in intensity of her headaches. Her headaches are worse sitting up or with any change in head position. She does get nausea and vomiting with the headaches. She has been mostly bedridden for the past month due to the pain

Cervical Exam:

Inspection-deformity: Normal
Palpation-spinal tenderness:
tenderness to palpation of posterior cervical spine
Range of Motion:
Forward Flexion: normal degrees
Hyperextension: mild decrease in degrees
Right Lat. Flexion: mild decrease in degrees
Left Lat. Flexion: mild decrease in degrees
Right Lat. Rotation: mild decrease in degrees
Left Lat. Rotation: mild decrease in degrees
Hoffman's Sign:
Right: positive
Left: positive

(Hoffman's sign or reflex is a test that doctors use to examine the reflexes of the upper extremities. This test is a quick, equipment-free way to test for the possible existence of spinal cord compression from a lesion on the spinal cord or another underlying nerve condition.)

18

Problem # 1: Syrinx of spinal cord (ICD-336.0) (ICD10-G95.0)

Ms. Tully is a pleasant 45 year old that comes into the neurosurgery clinic to discuss her cervical MRI findings after her MRI was reviewed by Dr. Barr, Neuroradiologist at Lutheran Medical Center. Dr. Kim relayed Dr. Barr's findings that the small enhancing lesion at C4-5 is most likely a tumor. After reviewing the findings with Dr. Barr, Dr. Kim recommends that she has a C4-5 laminotomy for a possible biopsy and possible tumor resection, duraplasty, and possible posterior fusion. This procedure was discussed in detail with her including all risks of procedure. Risks include postoperative balance issues, issues with bowel and/or bladder; extremity weakness or paralysis; CSF leak; and meningitis. Prior to this being performed, Dr. Kim will discuss her case with Dr. Nielsen, Neurologist, and present her case at tumor conference. The office will call her to update her regarding plan of treatment next week.

(A syrinx is a rare, fluid-filled neuroglial cavity within the spinal cord (syringomyelia), in the brain stem (syringobulbia), or in the nerves of the elbow, usually in a young age.)

10

Problems Added:

- 1) Dx of Spinal Cord Injury (ICD-952.9)
- 2) Dx of Syrinx of spinal cord (ICD-336.0)
- 3) Dx of Lumbar radiculopathy (ICD-724.4)

21

Thoracic Exam:

Inspection-deformity: Normal
Palpation-spinal tenderness: Normal

Lumbosacral Exam:

Inspection-deformity: Normal
Palpation-spinal tenderness: Normal

Motor Exam:

Gait:

Gait is normal.

Posture:

Posture is normal.

Spasm:

bilateral cervical.

Strength:

Strength in the upper and lower extremities is 5/5 bilaterally in all muscle groups.

22

Diagnostic Studies

no images were reviewed at this visit.

Problem # 1: Benign tumor of spinal intradural intramedullary space (ICD-226.3) (ICD10-D33.4)
Ms. Tully is a pleasant 45 year old that is being seen today in neurosurgery clinic approximately 2 weeks after a cervical laminectomy for removal of an intradural tumor. She is overall doing well. She continues to have a significant amount of muscle spasm and pain. Her prescriptions for OxyContin and Oxycodone

30

LUTHERAN MEDICAL CENTER
8300 W 38th Ave
Wheat Ridge CO 80033

Tully, Sophia
MRN: M1461651, DOB: 3/11/1970, Sex: F
Adm: 12/8/2015, D/C: 12/10/2015

OR Surgeon signed by Richard Kyungho Kim, MD at 12/11/2015 8:31 AM (continued)

INDICATIONS: The patient is a 45-year-old female who began suffering from severe headaches, nausea and vomiting several months ago. For this reason MRIs were performed after she had gone through conservative measures. On this MRI there was identification of spinal cord edema along with an enhancing nodule. There were multiple differential diagnoses, and with multiple radiologists weighing in, the most likely scenario was a hemangioblastoma with associated edema. The patient had some myelopathy; however, had full strength and sensation throughout. She did not have any bowel or bladder symptoms, and she did have some neck pain as well. Because of the degree of edema, and her having myelopathy I believed that surgery to remove this tumor was in her best interest. We discussed the risks and benefits of surgery including bleeding, infection, damage to surrounding structures causing weakness and paralysis, spinal fluid leak, bowel and bladder dysfunction, stroke, coma and death. We also discussed the risks of postoperative kyphosis which would require a fusion in the future. She signed a consent after having all her questions answered.



EXHIBIT NO. 6F
PAGE: 1 OF 1

OHIOHEALTH ORTHOPEDIC SURGEONS
765 N Hamilton Rd Suite 235
Gahanna OH 43230-8703
Phone: 614-566-8691
Fax: 614-566-9592

June 29, 2017

Patient: **Sophia Tully**
Date of Birth: **3/11/1970**
Address: **245 North Grant Avenue**
Columbus OH 43215
Date of Visit: **6/29/2017**

To Whom It May Concern:

Ms. Tully is currently unable to work at this time. She is currently undergoing treatment on her lumbar spine. Her return to work date is unknown at this time. She may require another procedure.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Lakatos", written over a horizontal line.

Ronald Lakatos, MD

CC: No Recipients

UNITED STATES COURT OF APPEALS
FOR THE SIXTH CIRCUIT
100 EAST FIFTH STREET, ROOM 540
POTTER STEWART U.S. COURTHOUSE
CINCINNATI, OHIO 45202-3988

DEBORAH S. HUNT
CLERK

TELEPHONE
(513) 564-7000

February 25, 2021

Ms. Sophia Tully
2584 Burlawn Court
Columbus, Ohio 43235

RE: Appellate Brief

Dear Ms. Tully,

On February 4, 2021, this court received from you a tendered appellate brief. After careful review, please find your document returned unfiled and without ruling.

The electronic record from the Southern District of Ohio reflects that the district court entered final judgment on August 19, 2020, and denied your motion for reconsideration on September 16, 2020. No notice of appeal was filed. As such, this court does not have any active appeal for you and is thus unable to process your tendered document. To the extent your brief can be construed as a notice of appeal, it is untimely; Federal Rule of Appellate Procedure 4(a)(1)(B) permits 60 days to file a notice of appeal when one of the parties is a United States agency.

Sincerely,
/s/Alicia Harden
Case Management Supervising Attorney

Encs.

EXHIBIT U

UNITED STATES DISTRICT COURT

for the

Southern District of Ohio



Eastern Division

Sophia Tully

Case No. _____

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Andrew Saul

Defendant

(Write the full name of the current Commissioner of the Social Security Administration. Do not include address here.)

COMPLAINT FOR REVIEW OF A SOCIAL SECURITY DISABILITY OR SUPPLEMENTAL SECURITY INCOME DECISION

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

EXHIBIT V

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Sophia Tully
Street Address	2584 Burlawn Ct
City and County	Columbus, Franklin
State and Zip Code	OH, 43235
Telephone Number	740 953 9885
E-mail Address	sophia.tully@gmail.com
Last Four Digits of Your Social Security Number (Do not include full number)	3,361

B. The Defendant

Provide the information below for the defendant named in the complaint. Attach additional pages if needed.

Defendant (*The current Commissioner of the Social Security Administration*)

Name	Andrew Saul
Street Address	1051 Worthington Woods, Blvd.
City and County	Worthington, Franklin
State and Zip Code	OH, 43085
	<i>(Regional Office of the Social Security Administration General Counsel.)</i>
Telephone Number	866 789 0957
E-mail Address (if known)	

II. Basis for Jurisdiction

This is an action seeking court review of a decision of the Commissioner of the Social Security Administration. Jurisdiction for such proceedings can be based on two statutes. If this complaint seeks review of a decision regarding Disability Insurance Benefits under Title II of the Social Security Act, jurisdiction is proper under 42 U.S.C. § 405(g). If this complaint seeks review of a decision regarding Supplemental Security Income under Title XVI of the Social Security Act, jurisdiction is proper under 42 U.S.C. § 1383(c)(3). Please check the type of claim you are filing.

Claim Type	For Clerk's Office Use Only
<input checked="" type="checkbox"/> Disability Insurance Benefits Claim (Title II)	COA: 42:0405id NOS: 864
<input type="checkbox"/> Supplemental Security Income Claim (Title XVI)	COA: 42:1383 NOS: 863/864
<input type="checkbox"/> Child Disability Claim	COA: 42:0405wc NOS: 863
<input type="checkbox"/> Widow or Widower Claim	COA: 42:0405ww NOS: 863

An appeal from a decision of the Commissioner must be filed within 60 days of the date on which you received notice that the Commissioner's decision became final. When did you receive notice that the Commissioner's decision was final? *(This is likely the date on which you received notice from the Social Security Appeals Council that your appeal was denied.)*

November 11, 2019

Please attach a copy of the Commissioner's final decision, and a copy of the notice you received that your appeal was denied from the Social Security Appeals Council.

III. Statement of Claim

Federal courts may overturn decisions by the Commissioner of Social Security only if the decision was not supported by substantial evidence in the record or was based on legal error. Why should this court overturn the Commissioner's decision? *(Check all that apply)*

The Commissioner found the following facts to be true, but these facts are not supported by substantial evidence in the record. *(Explain why the Commissioner's factual findings are not supported by substantial evidence in the record.)*

The Commissioner's decision was based on legal error. *(Identify all legal errors.)*

Open admissions incorporated into Plaintiff's July 3, 2019 Social Security Administration decision document unlawful manipulation and misrepresentation of crucial medical and financial evidence, entangling contradictory, inconsistent factually incorrect mundane ominous ruse and making invidious statements, displaying unfair unlawful benefit review process.

IV. Relief

State what you want the court to do *(check all that apply)*:

Issue a summons directing the defendant to appear before the court.

Order the defendant to submit a certified copy of the transcript and record, including evidence upon which the findings and decision are based.

Modify the defendant's decision and grant monthly maximum insurance benefits to the plaintiff, retroactive to the date of initial disability.

EXHIBIT V

p.3

In the alternative, remand to the defendant for reconsideration of the evidence.

Grant any further relief as may be just and proper under the circumstances of this case.

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

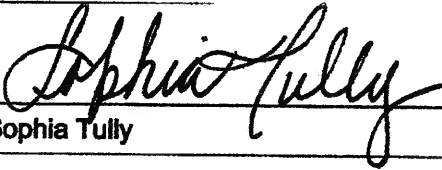
A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 01/06/2020

Signature of Plaintiff

Printed Name of Plaintiff


Sophia Tully

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

EXHIBIT V P. 4

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO**

JOHN M. DOE,

Plaintiff,

v.

COMMISSIONER
OF SOCIAL SECURITY,

Defendant.

:
:
:
:
:
:
:
:
:
:
:
:
:
:
:
:

Case No. 220cv163

**SOCIAL SECURITY
IDENTIFICATION FORM**

Please note that to obtain the necessary records from the Social Security Administration, the following information is required. This form will be filed with the Court as a restricted document¹, available only to plaintiff and plaintiff's attorney and attorney staff, the Social Security Administration, and the United States Attorney's Office for the Southern District of Ohio. Upon filing of the Administrative Record, this document will be removed from the Court's CM/ECF system.

Plaintiff's Full Name:	Sophia Tully
Plaintiff's Social Security Number:	3361 3361
If this case is filed on behalf of a minor, provide the following:	
Minor's Full Name:	
Minor's Social Security Number:	
If this case is filed on behalf of another wage earner's record, provide the following:	
Wage Earner's Full Name:	
Wage Earner's Social Security Number:	

¹ This form will be entered on the Court's CM/ECF system as Social Security Identification Form.

EXHIBIT V

P.5

CITIBANK GOVERNMENT CARD SERVICES

Account Statement

Government Card Account
CAROL J FIELD



Account Inquiries:

Toll Free: 1-(800)-790-7206
International: 1-(904)-954-7850
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XX09-8365

Summary of Account Activity

Total Activity **\$2,038.68**

Not an invoice. For your records only.

Statement Closing Date **01/28/2021**
Days in Billing Period **31**

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Agency/Org ID: 0
Billing Office ID:
Accounting Code:

Single Purchase Limit: \$0
Discretionary Code:

Credit Limit: \$100,000
Tax Exempt #:

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
01/04	01/03	7399	24692161003100203027964	1 STAMPS.COM 855-608-2677 CA 0000000000000000	90245 US 39.99
01/05	01/04	7399	24003411004900013100352	2 HATHAWAY STAMP AND I 513-6211052 OH	45202 US 17.00
01/05	01/04	7399	24692161004100853364070	3 STAMPS.COM 855-608-2677 CA 0000000000000000	90245 US 39.99
01/06	01/05	7523	24692161005100605562335	4 SP PLUS CORP*PARKING PARKING.COM OH	45202 US 230.00
01/06	01/05	7399	24692161005100657321101	5 STAMPS.COM 855-608-2677 CA 0000000000000000	90245 US 39.99
01/07	01/07	5111	24430991007069128360219	6 PITNEY BOWES PI 844-256-8444 CT A06CLERK20-004384	US 365.84
01/07	01/07	5111	24430991007069128360318	7 PITNEY BOWES PI 844-256-8444 CT A06CLERK20-004384	US 105.00

Memo Section	Approval Section
--------------	------------------

CARDHOLDER SIGNATURE / DATE

APPROVING OFFICIAL SIGNATURE / DATE (Except Travel)

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 4

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number **XXXX-XXXX-XX09-8365**
Statement Closing Date **January 28, 2021**

Not an invoice.
For your records only.



CAROL J FIELD
SIXTH CIRCUIT CLERK
540 PS US COURTHOUSE
100 E 5TH ST
CINCINNATI OH 45202-3988

**N0002571

EXHIBIT W 00000607455

p. 1

Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/11	01/09	7399	24692161008100544272521	8 STAMPS.COM 855-608-2677 CA 0000000000000000	90245 US 95.98
01/11	01/10	5942	24692161010100088151450	9 AMZN Mktg US*6P8N74X13 Amzn.com/billWA 0000000000000000	98109 US 104.44
01/12	01/11	7399	24692161011100761324365	10 STAMPS.COM 855-608-2677 CA 0000000000000000	90245 US 39.99
01/12	01/11	7399	24692161011100761323979	11 STAMPS.COM 855-608-2677 CA 0000000000000000	90245 US 39.99
01/18	01/15	7399	24692161015100554067037	12 STAMPS.COM 855-608-2677 CA 0000000000000000	90245 US 199.98
01/21	01/20	7399	24692161020100959301471	13 STAMPS.COM 855-608-2677 CA 0000000000000000	90245 US 222.49
01/26	01/25	9402	24445001026600086275011	14 USPS STAMPS ENDICIA 888-434-0055 DC 372508649	20260 US 498.00
*****					TOTAL AMOUNT OF MEMO ITEM(S): \$2,038.68

EXHIBIT W

P. 2

CITIBANK GOVERNMENT CARD SERVICES

Account Statement

Government Card Account
KELLY J MOCAHBEE



Account Inquiries:

Toll Free: 1-(800)-790-7206
International: 1-(904)-954-7850
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XX77-6748

Summary of Account Activity

Total Activity \$1,290.05

Not an invoice. For your records only.

Statement Closing Date 01/28/2021
Days in Billing Period 31

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Agency/Org ID: 0
Billing Office ID:
Accounting Code:

Single Purchase Limit: \$0
Discretionary Code:

Credit Limit: \$50,000
Tax Exempt #:

Transactions

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
***** NOTICE MEMO ITEM(S) LISTED BELOW *****					
01/28	01/27	5045	24435651027200460200355 1	TECHSMITH CORPORATION 800-517-3001 MI 48864 US	1,290.05
*****					TOTAL AMOUNT OF MEMO ITEM(S): \$1,290.05

Memo Section	Approval Section
--------------	------------------

CARDHOLDER SIGNATURE / DATE

APPROVING OFFICIAL SIGNATURE / DATE (Except Travel)

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

Account Number XXXX-XXXX-XX77-6748
Statement Closing Date January 28, 2021

Not an invoice.
For your records only.

**N0000643
KELLY J MOCAHBEE
SIXTH CIRCUIT LIBRARY
540 P S COURTHOUSE
100 E 5TH ST
CINCINNATI OH 45202-3905

EXHIBIT W

00000607367

P. 3

CITIBANK GOVERNMENT CARD SERVICES

Account Statement

Government Card Account
SIXTH CIRCUIT LIBRARY



Account Inquiries:

Toll Free: 1-(800)-790-7206
International: 1-(904)-954-7850
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XX36-1081
Invoice # 2994367023

Summary of Account Activity	
Previous Balance	\$350.00
Payments	\$350.00
Credits	\$0.00
Purchases & Other Charges	\$1,290.05
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

Payment Information	
New Balance	\$1,290.05
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$1,290.05
Payment Due Date	02/22/2021
Statement Closing Date	01/28/2021
Days in Billing Period	31

Credit Limit	\$100,000
Available Credit Limit	\$98,709
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Company Transactions

Account: XXXX-XXXX-XX36-1081 **SIXTH CIRCUIT LIBRARY** **Total Activity:** -\$350.00

Agency/Org ID: 0

Discretionary Code:

Billing Office ID:

Tax Exempt #:

Accounting Code:

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/19	01/19	0000	74614021019019100015716	1 010 TREAS 310 USA	350.00 PY

Memo Section	Approval Section
--------------	------------------

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION Page 1 of 4

Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.



CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125



CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

Mail
← Checks
To

Account Number XXXX-XXXX-XX36-1081
Payment Due Date February 22, 2021
New Balance \$1,290.05
Past Due Amount* \$0.00
Minimum Payment Due \$1,290.05
Amount Enclosed \$

*Past Due Amount is included in the Minimum Payment Due.



SIXTH CIRCUIT LIBRARY
KELLY MOCAHBEE
540 PS US COURTHOUSE
100 E 5TH ST
CINCINNATI OH 45202-3988

**N0002191

EXHIBIT W

P. 4

28000 0129005 0129005 0035000 04614020006361081 2802

Account: XXXX-XXXX-XX36-1081

Cardholder Transactions

Account: XXXX-XXXX-XX77-6748

KELLY J MOCAHBEE

Total Activity: \$1,290.05

Credits: \$0.00

Purchases/Cash Adv: \$1,290.05

Agency/Org ID: 0

Single Purchase Limit: \$0

Credit Limit: \$50,000

Billing Office ID:

Discretionary Code:

Tax Exempt #:

Accounting Code:

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/28	01/27	5045	24435651027200460200355 1	TECHSMITH CORPORATION 800-517-3001 MI 48864 US	1,290.05

FINANCE CHARGE SUMMARY

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	0.00%	0.0000% (M)	\$0.00
CASH	0.00%	0.0000% (M)	\$0.00

* (D) Daily Rate

(M) Monthly Rate

EXHIBIT W

P. 5

CITIBANK GOVERNMENT CARD SERVICES

Account Statement



Government Card Account
US COURTS SIXTH CIRCUIT

Account Inquiries:

Toll Free: 1-(800)-790-7206
International: 1-(904)-954-7850
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XX90-2601
Invoice # 2994390026

Summary of Account Activity

Previous Balance	\$2,152.46
Payments	\$2,152.46
Credits	\$0.00
Purchases & Other Charges	\$2,038.68
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

Payment Information

New Balance	\$2,038.68
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$2,038.68
Payment Due Date	02/22/2021
Statement Closing Date	01/28/2021
Days in Billing Period	31

Credit Limit	\$100,000
Available Credit Limit	\$97,961
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Company Transactions

Account: XXXX-XXXX-XX90-2601 **US COURTS SIXTH CIRCUIT** **Total Activity: -\$2,152.46**

Agency/Org ID: 0 Discretionary Code:
Billing Office ID: Tax Exempt #:
Accounting Code:

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/28	01/28	0000	74614021028028100017126 1	010 TREAS 310 USA	2,152.46 PY

Memo Section	Approval Section
--------------	------------------

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION **Page 1 of 4**
Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

citi CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125

|||||
CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

Account Number XXXX-XXXX-XX90-2601
Payment Due Date February 22, 2021
New Balance \$2,038.68
Past Due Amount* \$0.00
Minimum Payment Due \$2,038.68
Amount Enclosed \$

Mail
Checks
To

*Past Due Amount is included in the Minimum Payment Due.

|||||
US COURTS SIXTH CIRCUIT
CAROL FIELD
540 PS US COURTHOUSE
100 E 5TH ST
CINCINNATI OH 45202-3988

EXHIBIT W

P. 6

28000 0203868 0203868 0215246 04614020024902601 2807

Account: XXXX-XXXX-XX90-2601

Cardholder Transactions

Account: XXXX-XXXX-XX09-8388

CAROL J FIELD

Total Activity: \$2,038.68

Credits: \$0.00

Purchases/Cash Adv: \$2,038.68

Agency/Org ID: 0

Single Purchase Limit: \$0

Credit Limit: \$100,000

Billing Office ID:

Discretionary Code:

Tax Exempt #:

Accounting Code:

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/04	01/03	7399	24692161003100203027964	1 STAMPS.COM 855-608-2677 CA 0000000000000000	39.99
01/05	01/04	7399	24003411004900013100352	2 HATHAWAY STAMP AND I 513-6211052 OH	17.00
01/05	01/04	7399	24692161004100853364070	3 STAMPS.COM 855-608-2677 CA 0000000000000000	39.99
01/06	01/05	7523	24692161005100605562335	4 SP PLUS CORP*PARKING PARKING.COM OH	230.00
01/06	01/05	7399	24692161005100657321101	5 STAMPS.COM 855-608-2677 CA 0000000000000000	39.99
01/07	01/07	5111	24430991007069128360219	6 PITNEY BOWES PI 844-256-6444 CT	365.84
01/07	01/07	5111	24430991007069128360318	7 PITNEY BOWES PI 844-256-6444 CT A06CLERK20-004384	105.00
01/11	01/09	7399	24692161009100544272521	8 STAMPS.COM 855-608-2677 CA 0000000000000000	95.98
01/11	01/10	5942	24692161010100088151450	9 AMZN Mktg US*6P8N74X13 Amzn.com/bilWA 0000000000000000	104.44
01/12	01/11	7399	24692161011100761324365	10 STAMPS.COM 855-608-2677 CA 0000000000000000	39.99
01/12	01/11	7399	24692161011100761323979	11 STAMPS.COM 855-608-2677 CA 0000000000000000	39.99
01/18	01/15	7399	24692161015100554067037	12 STAMPS.COM 855-608-2677 CA 0000000000000000	199.98
01/21	01/20	7399	24692161020100959301471	13 STAMPS.COM 855-608-2677 CA 0000000000000000	222.49
01/26	01/25	9402	24445001026600086275011	14 USPS STAMPS ENDICIA 888-434-0055 DC 372508649	498.00

FINANCE CHARGE SUMMARY

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	0.00%	0.0000% (M)	\$0.00
CASH	0.00%	0.0000% (M)	\$0.00

* (D) Daily Rate

(M) Monthly Rate

CITIBANK GOVERNMENT CARD SERVICES

Account Statement

Government Card Account
SIXTH CIRCUIT LIBRARY



Account Inquiries:

Toll Free: 1-(800)-790-7206
International: 1-(904)-954-7850
TDD/TTY: 1-(877)-505-7276

Account Number: XXXX-XXXX-XX74-8257
Invoice # 2994368026

Summary of Account Activity	
Previous Balance	-\$5,537.45
Payments	\$3,559.68
Credits	\$2,555.00
Purchases & Other Charges	\$6,093.06
Cash Transactions	\$0.00
Cash Transaction Fees	\$0.00
Interest Charges	\$0.00

Payment Information	
New Balance	-\$5,559.07
Past Due Amount	\$0.00
Disputed Amount	\$0.00
Amount Over Credit Limit	\$0.00
Minimum Payment Due	\$0.00
Payment Due Date	02/22/2021
Statement Closing Date	01/28/2021
Days in Billing Period	31

Credit Limit	\$100,000
Available Credit Limit	\$100,000
Cash Advance Limit	\$0
Available Cash Advance Limit	\$0

Send Notice of Billing Errors and Customer Service Inquiries to:
CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Company Transactions

Account: XXXX-XXXX-XX74-8257 **SIXTH CIRCUIT LIBRARY** Total Activity: **-\$3,559.68**

Agency/Org ID: 0 Discretionary Code:
Billing Office ID: Tax Exempt #:
Accounting Code:

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/06	01/06	0000	74614021006006100019793	1 010 TREAS 310 USA	125.00 PY
01/06	01/06	0000	74614021006006100019801	2 010 TREAS 310 USA	371.90 PY
01/06	01/06	0000	74614021006006100019819	3 010 TREAS 310 USA	155.88 PY
01/06	01/06	0000	74614021006006100019827	4 010 TREAS 310 USA	292.00 PY
01/06	01/06	0000	74614021006006100019835	5 010 TREAS 310 USA	59.90 PY

Memo Section	Approval Section

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION **Page 1 of 4**
Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

CITIBANK, N.A.
PO BOX 6125
SIOUX FALLS SD 57117-6125



CITIBANK, N.A.
PO BOX 78025
PHOENIX AZ 85062-8025

Account Number XXXX-XXXX-XX74-8257
Payment Due Date February 22, 2021
New Balance \$5,559.07 CR
Past Due Amount* \$0.00
Minimum Payment Due \$0.00

Mail
Checks To
Amount Enclosed
\$

*Past Due Amount is included in the Minimum Payment Due.



SIXTH CIRCUIT LIBRARY
KELLY MOCABEE
540 PS US COURTHOUSE
100 E 5TH ST
CINCINNATI OH 45202-3988

**N0002166

EXHIBIT W P. 8

28000 0000000 0000000 0355968 04614020002748257 2806

Account: XXXX-XXXX-XX74-8257

Company Transactions (con't)

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
01/06	01/06	0000	74814021006006100019843	6 010 TREAS 310 USA	2,555.00 PY

Cardholder Transactions

Account: XXXX-XXXX-XX97-2948 DONNA J VICE Total Activity: \$3,538.06

Credits: \$2,555.00 Purchases/Cash Adv: \$6,093.06 Credit Limit: \$250,000
 Agency/Org ID: 0 Single Purchase Limit: \$0 Tax Exempt #:
 Billing Office ID: Discretionary Code:
 Accounting Code:

Post Date	Trans Date	MCC	Reference Number	Description/Location	Amount
12/29	12/28	5815	24492150363719740466143	1 PMTCLEVELAND.COM 216-999-6000 OH 44114 US	10.00
12/30	12/29	5942	24692160364100974782481	2 AMZN Mktp US*VT4F75M63 Amzn.com/billWA 98109 US	258.99
12/30	12/29	2741	24492150364852395922422	3 JURYTRIAL 866-228-2447 KY 40241 US	828.00
12/30	12/29	5988	24055220364602763257889	4 TIMES FREE PRESS 423-757-6900 TN 37403 US	341.88
01/04	01/02	5968	24692161002100410873771	5 The Tennessean 888-426-0491 IN 46038 US	29.00
01/04	01/03	5988	24692161003100157618966	6 D J*WALL-ST-JOURNAL 800-568-7625 MA US	38.99
01/04	01/04	5942	24692161004100648868120	7 Amazon.com*UC79H4TV3 Amzn.com/billWA 98109 US	129.95
01/05	01/05	5942	24692161005100455859617	8 AMZN Mktp US*VF2T66XC3 Amzn.com/billWA 98109 US	48.99
01/06	01/04	2741	24137461005200171629406	9 TRIBUNE CHRONICLE 330-841-1600 OH 44483 US	20.00
01/06	01/05	5968	24789301005054902216895	10 DIGITAL NEWSPAPER SUBSCRIB877-5782716 NY 0158609295 14534 US	9.99
01/08	01/07	5968	24692161007100050099013	11 Mem CommercialAppl 888-426-0491 IN 46038 US	9.99
01/08	01/07	5968	24692161007100052225269	12 D J*WALL-ST-JOURNAL 800-568-7625 MA US	38.99
01/08	01/07	5994	24412951007200052100117	13 PAXTON MEDIA GROUP 270-575-8630 KY 42003 US	165.36
01/11	01/08	5968	24789301008070601684198	14 COLUMBUS DIGITAL SUBSCRIP877-7347728 OH 0159003416 43228 US	7.99
01/11	01/08	9399	24240981009000948943420	15 GPO WASHINGTON/DISB 202-512-0987 DC 20401 US	53.20
01/11	01/08	9399	24240981009000948943594	16 GPO WASHINGTON/DISB 202-512-0987 DC 20401 US	53.20
01/11	01/09	5969	24792621010083756241286	17 THE BUSINESS JORNALS 866-853-3661 NC 21902021010919081 28202 US	95.00
01/13	01/12	7311	24493981013083746366240	18 MACOMB DAILY 888-464-6860 MI 21676503S 48038 US	8.95
01/14	01/13	5942	24692161013100272090206	19 AMZN Mktp US*2Z8M71X00 Amzn.com/billWA 98109 US	261.99
01/19	01/18	7399	24137461019001177081079	20 NAT L CONSUMER LAW CENTER617-542-8010 MA 263566 US	180.00
01/20	01/18	2741	24137461019200176390123	21 TRIBUNE CHRONICLE 330-841-1600 OH 44483 US	20.00
01/20	01/19	5192	24492151019717251398586	22 WEBMLIVE.COM 800-878-1411 MI 49544 US	10.00
01/21	01/20	5994	24431051020700870930867	23 LA TIMES SUBSCRIPTION 213-283-2274 CA 75067 US	15.96
01/25	01/22	2741	74493981022069129827100	24 OXFORD UNIVERSITY PRESS CARY NC 27513 US	2,555.00 CR
01/25	01/22	5968	24692161022100328148361	25 detroitnews.com 888-426-0491 IN 46038 US	9.99
01/25	01/23	5942	24692161023100787076342	26 AMZN Mktp US*1X6KW2AM3 Amzn.com/billWA 98109 US	738.99
01/27	01/26	2741	24493981028069130076946	27 OXFORD UNIVERSITY PRESS 800-445-9714 NC 27513 US	2,555.00
01/28	01/27	5942	24431061027083343897407	28 AMAZON.COM*H00EN57R3 AMZNAMZN.COM/BILLWA 2021-1315-06 98109 US	152.86

FINANCE CHARGE SUMMARY

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
PURCHASE AND FEES	0.00%	0.0000% (M)	\$0.00

Account: XXXX-XXXX-XX74-8257

FINANCE CHARGE SUMMARY		Your Annual Percentage Rate (APR) is the annual interest rate on your account.	
Type of Balance	Annual Percentage Rates	Periodic Rate*	Balance Subject to Finance Charges
CASH	0.00%	0.0000% (M)	\$0.00

* (D) Daily Rate
(M) Monthly Rate

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF OHIO
EASTERN DIVISION

Sophia Tully,

Plaintiff,

v.

Case No. 2:20-cv-163

Commissioner of
Social Security,

Defendant.

OPINION AND ORDER

Plaintiff, Sophia Tully, proceeding *pro se*, brings this action under 42 U.S.C. §§ 405(g) for review of the final decision of the Commissioner of Social Security ("Commissioner") denying her application for disability insurance benefits and supplemental security income. Plaintiff was represented by counsel at a hearing held on June 19, 2019. In a 26-page decision issued on July 3, 2019, the administrative law judge ("ALJ") found that plaintiff has severe impairments consisting of degenerative changes of the lumbar spine, status post excision of a benign cervical tumor of the spinal intradural intramedullary space, and chronic pain syndrome. PAGEID 181. The ALJ concluded that plaintiff has the residual functional capacity ("RFC") to perform light work, with additional restrictions: plaintiff is limited to six hours sitting and four hours standing or walking; she must alternate between sitting and standing every 45 minutes for three to five minutes at a time but can remain on task; she can only occasionally balance, climb ramps and stairs, crawl, crouch, kneel and stoop, and can never climb ladders, ropes, and scaffolds; and she must avoid all exposure to workplace hazards. PAGEID 191. After considering the testimony of

a vocational expert, the ALJ concluded that there are jobs which plaintiff can perform and that plaintiff is not disabled. PAGEID 201-202.

This matter is now before the court for consideration of plaintiff's objections to the June 9, 2020, report and recommendation of the magistrate judge, recommending that the decision of the Commissioner be affirmed.

I. Standard of Review

If a party objects within the allotted time to a report and recommendation, the court "shall make a *de novo* determination of those portions of the report or specified proposed findings or recommendations to which objection is made." 28 U.S.C. § 636(b)(1); see also Fed. R. Civ. P. 72(b). Upon review, the court "may accept, reject, or modify, in whole or in part, the findings or recommendations made by the magistrate judge." 28 U.S.C. § 636(b)(1).

The court's review "is limited to determining whether the Commissioner's decision 'is supported by substantial evidence and was made pursuant to proper legal standards.'" *Ealy v. Comm'r of Soc. Sec.*, 594 F.3d 504, 512 (6th Cir. 2010) (quoting *Rogers v. Comm'r of Soc. Sec.*, 486 F.3d 234, 241 (6th Cir. 2007)); see also, 42 U.S.C. § 405(g) ("The findings of the Commissioner of Social Security as to any fact, if supported by substantial evidence, shall be conclusive."). A reviewing court will affirm the Commissioner's decision if it is based on substantial evidence, even if substantial evidence would also have supported the opposite conclusion. *Gayheart v. Comm'r of Soc. Sec.*, 710 F.3d 365, 376 (6th Cir. 2013).

II. Plaintiff's Objections

Plaintiff's statement of errors, filed on January 29, 2020, began with a one-paragraph attack on the ALJ's decision, alleging that the decision was

a factual chronology of erroneous, illegal, malicious acts of misconduct, done in the exercise of judicial function, exploiting, manipulating and manufacturing crucial medical evidence and statements, creating factually erroneous, illusory and fallacious arguments, surreptitiously incorporating relevantly contradictory crucial medical evidence and statements into Plaintiff's Administrative Record, crafting, in its entirety, a disingenuous, illogical, irrational, inconsistent and extremely confusing Administrative Judge Decision, in essence, maliciously designing an insurmountable obstacle, with no true way to overcome, no longer judicial acts, but individual acts, committed in bad faith, telling of her own personal goals and beliefs, ignoring the guidelines that define her power and beyond her legal jurisdiction, violated Plaintiff's Constitutional Right and Due Process of Law. Irrefutable evidence the result reached, legally erroneous, fundamentally unfair ARBITRARY, capricious and a grave abuse of discretion.

Doc. 5, p. 1. Plaintiff then quoted paragraphs from the ALJ's decision and attached a copy of the entire decision. On February 7, 2020, plaintiff filed another document entitled "VERIFIED STATEMENT OF RECORDED FACTS" which consisted of random quotations from the ALJ's decision. See Doc. 6.

On March 10, 2020, plaintiff filed a document entitled "CORROBORATING EVIDENCE TO CLAIM OF UNCONSTITUTIONALITY." See Doc. 7. This document included a list of exhibits which were in the administrative record. Plaintiff argued that they "exposing what the judge actually knew, at the time the decision was made" and showed that the judge acted with an "extremely high level of interference, calculated dishonesty and deceit, conduct occurring

outside the performance of her official duties[.]” Doc. 7, p. 1. Plaintiff further alleged in conclusory fashion that the “judge’s actions, findings and conclusions are not supported by substantial evidence” and again quoted excerpts from the ALJ’s decision with no argument as to how those paragraphs were contradicted by the evidence.

Plaintiff also filed: a document entitled “ADDITIONAL EVIDENCE OF UNCONSTITUTIONALITY” in which she claimed that records of statements made by her to a social security field office employee during a telephone interview, found in Exhibits 2E and 3E, were “completely fabricated,” see Doc. 12, p 1;¹ medical records from an April, 2020, physical assessment exam conducted at The Ohio State University Medical Center, with a request that they be entered into the record, see Doc. 13; a two-page narrative statement of her history of physical problems, see Doc. 14; and a document noting that Exhibit 7B/4, PAGEID 329, a previous agency decision rendered on October 11, 2017, showed that certain medical records had not been received by the agency,² see Doc. 15.

The magistrate judge correctly concluded that plaintiff’s filings failed to show any error on the part of the ALJ.

Pro se litigants are typically held to the same briefing standards as represented parties. *Cocroft v. Colvin*, No. 2:13-cv-729, 2014 WL 2897006, at *2 (S.D. Ohio June 26, 2014). “[I]ssues

¹Plaintiff did not explain why this information was false, and plaintiff’s counsel raised no objection to this exhibit at the hearing before the administrative law judge.

²The court notes that records from Ronald Lakatos, M.D. and Grant Hospital were later made a part of the administrative record before the ALJ. See Exhibits 6F, 8F, 9F and 10F.

adverted to in a perfunctory manner, unaccompanied by some effort at developed argumentation, are deemed waived. It is not sufficient for a party to mention a possible argument in a most skeletal way, leaving the court to ... put flesh on its bones.'" *Bawkey v. Comm'r of Soc. Sec.*, No. 1:17-cv-1068, 2019 WL 1052191, at *8 (W.D. Mich. Feb. 6, 2019), report and recommendation adopted, 2019 WL 1044448 (W.D. Mich, Mar. 5, 2019) (quoting *McPherson v. Kelsey*, 125 F.3d 989, 995-96 (6th Cir. August 19, 2016)); see also *Doolittle v. Comm'r of Soc. Sec.*, No. 18-4176, 2019 WL 6464019, at *2 (6th Cir. Sept. 4, 2019). In her filings, plaintiff simply made brief conclusory allegations and quoted parts of the ALJ's decision and the medical records with no developed argumentation as to how and why the ALJ erred in reaching her conclusions.

The magistrate judge also did not err in finding that plaintiff could not seek to introduce or rely on exhibits which were not included in the administrative record. Evidence which was not a part of the record on which the Commissioner's final decision was based may not be considered as part of the administrative record for purposes of judicial review. See *Cline v. Comm'r of Soc. Sec.*, 96 F.3d 146, 148 (6th Cir. 1996); *Stevens v. Astrue*, 839 F.Supp.2d 939, 951 (S.D. Ohio 2012). Judicial review is confined to the evidence that was available to the Commissioner. *Hollon ex rel. Hollon v. Comm'r of Soc. Sec.*, 447 F.3d 477, 487 (6th Cir. 2006) (citing *Wyatt v. Secretary of Health & Human Servs.*, 974 F.2d 680, 685 (6th Cir. 1992)). Evidence submitted in the first instance to the district court may only be considered in determining whether remand is appropriate pursuant to sentence six of 42 U.S.C. §405(g). *Stevens*, 839 F.Supp.2d at 951. The

magistrate judge noted that plaintiff had not requested a sentence six remand, and further concluded that, in any event, plaintiff had failed to show that a sentence six remand was warranted.

Plaintiff's June 17, 2020, objection to the report and recommendation, see Doc. 17, suffers from the same problems as her previous filings. The objection consists of quotations from various medical records which were included in the administrative record, with no argument as to how or why this information relates to any error on the part of the ALJ or the magistrate judge. The filing of vague, general, or conclusory objections does not meet the requirement of specific objections, and is tantamount to a complete failure to object. *Slater v. Potter*, 28 F. App'x 512, 513 (6th Cir. 2002) (citing *Miller v. Currie*, 50 F.3d 373, 380 (6th Cir. 1995)).

Plaintiff submitted a reply to defendant's response to her objections, in which she again quoted at length from the medical records. See Doc. 19. Plaintiff's only specific objection to the report and recommendation in this document was the allegation that the magistrate judge's summary of her hearing testimony, Doc. 16, p. 2, stating that plaintiff returned to work as a flight attendant three months after having a tumor removed from her neck because she wanted to fly, was erroneous and inaccurate. Doc. 19, pp. 1-2. However, a review of plaintiff's hearing testimony, PAGEID 219-223, reveals that the magistrate judge's summary of this testimony was accurate.

Plaintiff summarily alleged for the first time in this reply that the ALJ excluded portions of her medical history and used incomplete portions of her medical history to summarize and

rationalize her findings. Because plaintiff did not make these arguments in her statement of errors before the magistrate judge, she has waived them. See *Swain v. Comm'r of Soc. Sec.*, 379 F. App'x 512, 517-18 (6th Cir. 2010) (claim raised for the first time in an objection to the magistrate judge's report is deemed waived). The court further notes that the ALJ was not required to discuss every piece of evidence in the record for her decision to stand, see *Thacker v. Comm'r of Soc. Sec.*, 99 F.App'x 661, 665 (6th Cir. 2004), and the ALJ's failure to cite specific evidence does not indicate that it was not considered, see *Simons v. Barnhart*, 114 F.App'x 727, 733 (6th Cir. 2004).

Plaintiff also filed another document on August 10, 2020, indicating that her attorney's office had provided her with a disk containing her records. See Doc. 20. She listed medical records contained on this disk which she claimed were not made a part of the administrative record.³ Plaintiff summarily argued for the first time that the ALJ failed to consider the restrictions and limitations caused by her impairments, to give adequate weight to the opinions of her treating physicians, to include critical limitations in her hypothetical to the vocational expert, or to incorporate limitations in her RFC stemming from medication side effects. Doc. 20, p. 2. Because plaintiff did not make these arguments in her statement of errors before the magistrate judge, she has waived them. *Swain*, 379 F. App'x at 517-18.

Plaintiff also contended for the first time in this document

³The court notes that records from Grant Medical Center, the Colorado Brain and Spine Institute, and PrimaryOne Health were in fact included in the administrative record as Exhibits 8F, 9F, 15F and 16F.

that the ALJ failed to make sure that there was enough evidence in the record to fairly decide her case. This argument is waived. Regardless, the ALJ had no special duty to develop the record because plaintiff was represented by counsel at the hearing. *Culp v. Comm'r of Soc. Sec.*, 529 F.App'x 750, 751 (6th Cir. 2013). Plaintiff's counsel indicated at the hearing that he had received the last records he was waiting for, and that "it looks like everything has been filed." PAGEID 212. The ALJ then stated that "the record will now close" with no objection from counsel. PAGEID 212. Any dispute that plaintiff may now have with her former counsel concerning how her case was handled is beyond the scope of the instant action.

For the foregoing reasons, plaintiff's objections to the report and recommendation are not well taken.

III. Motion to Remand

For the first time in her June 17, 2020, objection to the report and recommendation, plaintiff requested that this case be remanded pursuant to sentence 6 of 42 U.S.C. §405(g). A court may remand a case to the Commissioner for consideration of additional evidence only if the party seeking remand demonstrates that the evidence is new and material, and that there is good cause for the failure to incorporate this evidence into the record at the prior hearing. 42 U.S.C. §405(g), sentence six. The party seeking remand bears the burden of showing that a remand is proper. *Oliver v. Secretary of Health & Human Servs.*, 804 F.2d 964, 966 (6th Cir. 1986). "Evidence is new only if it was not in existence or available to the claimant at the time of the administrative proceeding." *Hollon*, 447 F.3d at 484 (quoting *Foster v. Halter*,

279 F.3d 348, 357 (6th Cir. 2001)). To be "material" within the meaning of §405(g), the new evidence must be relevant and probative to plaintiff's condition prior to the Commissioner's decision, and must establish a reasonable probability that the Commissioner would have reached a different decision if the evidence had been considered. *Ferguson v. Comm'r of Soc. Sec.*, 628 F.3d 269, 276 (6th Cir. 2010). To show good cause, the moving party must present a valid justification for the failure to have acquired and presented the new evidence in the prior administrative proceeding. *Oliver*, 804 F.2d at 966.

In her June 17, 2020, objection to the report and recommendation, plaintiff alleged that the state agency produced, reviewed and utilized incomplete portions of her medical history. She then referred to and quoted from numerous exhibits but offered no explanation as to why they were incomplete. Doc. 17, p. 1. On August 10, 2020, plaintiff provided a list of allegedly missing medical and surgical evidence which she obtained from her former attorney's office. Doc. 20. As indicated above, the Grant Medical Center, Colorado Brain and Spine Institute, and PrimaryOne Health records were entered as exhibits in the administrative record. All of the medical records on the list predated the June 19, 2019, hearing and the ALJ's July 3, 2019, decision. Plaintiff has made no showing that any of these records were "new" or that there was good cause for failing to enter any of these documents into the record. See *Smith v. Comm'r of Soc. Sec.*, 572 F. App'x. 363, 369 (6th Cir. 2014) (finding good cause not shown, noting that plaintiff's counsel responded to ALJ's inquiry by stating that there was no additional medical evidence that should be submitted).

Plaintiff also submitted records, many of which are illegible, from an April, 2020, physical assessment examination. Doc. 13. Plaintiff stated that this evidence was "not previously available because the Plaintiff was not aware this test was an available option." Doc. 13, p. 1. It is questionable whether this explanation is sufficient to constitute good cause. See *Oliver*, 804 F.2d at 966 (good cause requirement not met where plaintiff did not have a valid reason for his failure to obtain medical evaluations prior to the hearing).

Even if good cause has been shown, plaintiff offered no argument as to how this new evidence creates a reasonable probability that the ALJ would have reached a different disposition of her claim if the new evidence is considered. *Foster*, 279 F.3d at 357; see also *Allen v. Comm'r of Soc. Sec.*, 561 F.3d 646, 653 (6th Cir. 2009) (mere possibility of new and material evidence not sufficient). The evidence of the April, 2020, evaluation is also not material because it relates to plaintiff's condition at the time of the evaluation, not to whether plaintiff was capable of performing light work as of July 3, 2019, the date of the ALJ's decision. *Ferguson*, 628 F.3d at 276 (new evidence must be relevant and probative to plaintiff's condition prior to the Commissioner's decision); *Oliver*, 804 F.2d at 966 (new medical evidence compiled in March, 1985, was not material to the Secretary's decision that plaintiff could perform light or sedentary work as of December 5, 1983). See also *Jones v. Comm'r of Soc. Sec.*, 336 F.3d 469, 478 (6th Cir. 2003) (records of medical treatment more than one year after the ALJ's decision which showed deterioration or change in condition occurring after administrative hearing were immaterial);

Sizemore v. Secretary of Health & Human Servs., 865 F.2d 709, 712 (6th Cir. 1988) ("If in fact the claimant's condition had seriously degenerated, the appropriate remedy would have been to initiate a new claim for benefits as of the date that the condition aggravated to the point of constituting a disabling impairment").

Plaintiff has not met the requirements for remand, and her motion to remand this case will be denied.

III. Conclusion

The court adopts the magistrate judge's report and recommendation (Doc. 16) and overrules the plaintiff's objections. The motion to remand is denied without prejudice to any right plaintiff may have to submit a new claim based upon new evidence of claimed disability. The decision of the Commissioner is affirmed, and the clerk is directed to enter final judgment in this case.

Date: August 19, 2020

s/James L. Graham
James L. Graham
United States District Judge

Certificate of Service

I certify that a copy of this complaint for a writ of mandamus was sent by ordinary mail to the Commissioner of Social Security, Andrew Saul, 6401 Security Boulevard, Baltimore, Maryland, 21235-6401.

Sophia Tully

Sworn to and subscribed before me, a Notary Public in and for said County and State, this _____ day of April, 2021.

Notary Public, State of Ohio