

[Your Law Firm's Name]

[Law Firm's Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Agency/Organization Name]

[Agency Address]

[City, State, ZIP Code]

Re: Application for Disability Benefits - [Applicant's Name]

Dear [Recipient's Name],

I am writing to formally represent [Applicant's Name], who is applying for disability benefits. As the appointed legal representative in this matter, I am authorized to act on their behalf regarding all matters related to this application and to communicate with your office as necessary.

[Applicant's Name] is a [age]-year-old individual with [describe disabilities or conditions relevant to the application]. Due to these conditions, [he/she/they] is unable to maintain gainful employment and is therefore seeking the financial assistance provided under the disability benefits program.

Please find attached [list any enclosed documents such as medical records, application forms, etc.]. I kindly ask for your prompt and careful consideration of this application. Should you require any additional information or documentation, please do not hesitate to contact me at the number listed above or via email.

Thank you for your attention to this matter. We look forward to your positive response.

Sincerely,

[Your Name]

[Your Title]

[Your Law Firm's Name]