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INDIA L. MINCHOFF
ATTORNEY AT LAW

FAX 617.740.7310

By First Class Mail

November 6, 2006

Scott D. Feringa, Esq.
Sullivan, Ward, Asher & Patton, P.C.
1000 MacCabees Center
25800 Northwestern Highway
Southfield, Michigan 48075

RE: Hofer, et al v. Gap, et. al, C.A. 05-40170

Dear Attorney Feringa,

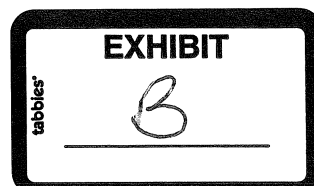
Pursuant to Memorandum and Order on Motion of Defendant the Gap, Inc., to Compel Discovery dated October, 24, 2006, enclosed please find:

1. Stephanie Hofer's Disability records,
2. Authorizations to Disclose Protected Health Information for the following:
 - a. Dr. John Aney,
 - b. Dr. Michael Schatz,
 - c. Charter HealthCare,
 - d. Lynda Simmons, and
 - e. Diversified Nursing Association.

Very truly yours,

India Minchoff
India L. Minchoff

cc: Attorney Reith
Attorney Milano




RECEIVED NOV 13 2006

Social Security Administration Retirement, Survivors and Disability Insurance Notice of Award

Office of Central Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: June 13, 2006
Claim Number: 031-62-9134HA

000881 MCSM77 N3 2.450

STEPHANIE A HOFER
193 HILL STREET
LEOMINSTER, MA 01453-3970




You are entitled to monthly disability benefits beginning September 2004.

The Date You Became Disabled

We found that you became disabled under our rules on March 18, 2004.

However, you have to be disabled for 5 full calendar months in a row before you can be entitled to benefits. For these reasons, your first month of entitlement to benefits is September 2004.

What We Will Pay And When

- You will receive \$17,742.00 around June 19, 2006.
- This is the money you are due for September 2004 through May 2006.
- Your next payment of \$873.00, which is for June 2006, will be received on or about the third Wednesday of July 2006.
- After that you will receive \$873.00 on or about the third Wednesday of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

The day we make payments on this record is based on your date of birth.

Enclosure(s):
Pub 05-10153
Pub 05-10058
Return Envelope
Form CMS-2690

031-62-9134HA

Page 3 of 4

We have enclosed a pamphlet, "What You Need To Know When You Get Disability Benefits". It will tell you what must be reported and how to report. Please be sure to read the parts of the pamphlet which explain what to do if you go to work or if your health improves.

A provider of employment or vocational rehabilitation services may contact you about getting help to go to work. The provider may be a State vocational rehabilitation agency or a provider under contract with the Social Security Administration.

If you go to work, special rules allow us to continue your cash payments and health care coverage. For more information about how work and earnings affect disability benefits, call or visit any Social Security office and ask for the following publications:

- Social Security - Working While Disabled...How We Can Help (SSA Publication No. 05-10095).
- Social Security - If You Are Blind--How We Can Help (SSA Publication No. 05-10052).

Other Information

We are sending a copy of this notice to ALIDA HOWARD ESQ.

Do You Disagree With The Decision?

You have already been notified of your appeal rights regarding the decision made by the Administrative Law Judge and what you must do to have that decision reexamined. If you believe that any other determination made by us in carrying out the Administrative Law Judge decision is incorrect, you may also request that part of your case be reexamined.

If you want this reconsideration, you may request it through any Social Security office. If additional evidence is available, you should submit it with your request. 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. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- 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 must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.





ALIDA S. HOWARD
ATTORNEY AT LAW

Social Security Disability
Personal Injuries & Accidents

51 Union Street, Suite 101
Worcester, MA 01608-1100
Telephone 508-753-3301
Toll Free 800-753-2026
Facsimile 508-756-4640
www.ssdisability.com

May 23, 2006

Stephanie Anne Hofer
193 Hill Street
Leominster, MA 01453

RE: Social Security Disability

Dear Ms. Hofer:

Congratulations on your award of benefits. Your Social Security Disability Insurance (SSDI) benefits will be automatically processed in Baltimore, MD. This process takes 6 to 8 weeks.

As we agreed, my Fee is 25% of the total SSDI retroactive check. Please contact me when you receive your checks and notices to make sure the proper amount has been withheld.

It is important for you to continue seeing your Doctor's. Social Security Administration does Continuing Disability Reviews approximately every 3 years. Social Security Administration will want to look at your current medical treatment at the time of your review.

Thank you for coming to my office. Your file will be closed when your benefits and my fee have been received.

Sincerely,

Alida S. Howard

ASH/lo



SOCIAL SECURITY ADMINISTRATION

Refer To: 031-62-9134

Office of Hearings and Appeals
One Bowdoin Square
4th Floor
Boston, MA 02114

Date:

MAY 20 2006

Stephanie A Hofer
193 Hill Street
Leominster, MA 01453

NOTICE OF DECISION – FULLY FAVORABLE

I have made the enclosed decision in your case. Please read this notice and the decision carefully.

This Decision is Fully Favorable To You

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

The Appeals Council May Review The Decision On Its Own

The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the **Appeals Council, Office of Hearings and Appeals, 5107 Leesburg Pike, Falls Church, VA 22041-3255**. Please put the Social Security number shown above on any appeal you file.

See Next Page

Stephanie A Hofer (031-62-9134)

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Time To File An Appeal

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

Time To Submit New Evidence

You should submit any new evidence you wish to the Appeals Council to consider **with** your request for review.

How An Appeal Works

Our regulations state the rules the Appeals Council applies to decide when and how to review a case. These rules appear in the Code of Federal Regulations. Title 20, Chapter III, Part 404, Subpart J.

If you file an appeal, the Council will consider all of my decision, even the parts with which you agree. The Council may review your case for any reason. It **will** review your case if one of the reasons for review listed in our regulations exists. Section 404.970 of the regulations lists these reasons.

Requesting review places the entire record of your case before the Council. Review can make any part of my decision more or less favorable or unfavorable to you.

On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.

If No Appeal And No Appeals Council Review

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.



SOCIAL SECURITY ADMINISTRATION

Refer To:
031-62-9134
Stephanie A Hofer

Office of Hearings and Appeals
One Bowdoin Square
4th Floor
Boston, MA 02114
Tel: (617)523-3213 / Fax: (617)248-0978

January 17, 2006

Stephanie A Hofer
193 Hill Street
Leominster, MA 01453

NOTICE OF HEARING

I have scheduled your hearing for:

Day: Tuesday **Date:** February 14, 2006 **Time:** 11:45 AM
Room: 5th Floor **Address:** Office of Hearings and Appeals
One Bowdoin Square, 5th Floor
Corner of Cambridge and New Chardon Sts.
BOSTON, MA 02114

It Is Important That You Come To Your Hearing

I have set aside this time to hear your case. If you do not appear at the hearing and I do not find that you have good cause for failing to appear, I may **dismiss** your request for hearing. I may do so without giving you further notice.

Complete The Enclosed Form

Please complete and return the enclosed acknowledgment form to let me know you received this notice. Use the enclosed envelope to return the form to me within 5 days of the date you receive this notice. We assume you got this notice 5 days after the date on it unless you show us that you did not get it within the 5-day period.

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If You Cannot Come to Your Scheduled Hearing

If you cannot come to your hearing at the time and place I have set, call this office immediately. Also mail in the form right away.

If you object to the set time and place, but do not request a change at the earliest possible opportunity at which you could do so before the time set for the hearing, I will rule on your request based on our standards for deciding if there is a good reason for not timely filing a request and our standards for deciding if there is a good reason for changing the time and place of a scheduled hearing. I will apply these standards in considering any objection to the set time and place that is not timely submitted.

To request a change, you must state why you object to the time or place set. You also must state the time and place you want the hearing held. You should do this in writing if at all possible.

If I find you have a good reason, I will reschedule the hearing for a time and place I set. I will also mail you another notice at least 20 days before the date of the hearing.

Issues I Will Consider In Your Case

The hearing concerns your application of August 4, 2004, for a period of disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act (Act).

I will decide if you have enough earnings under Social Security to be insured for Disability Insurance Benefits. If you do, I must decide if you became disabled while insured.

Under the Act, I may find you disabled only if you have a physical or mental impairment that:

- has prevented you from doing any substantial gainful work; and
- has lasted 12 straight months or can be expected to last for that time or result in death.

To decide if you are disabled, I will follow a step-by-step process until I can make a decision. The issues in this process concern:

- any work you have done since you got sick;
- the severity of your impairment(s); and
- your ability to do the kind of work you did in the past and, considering your age, education and work experience, any other work that exists in the national economy.

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Our regulations explain the rules for deciding if you are disabled and, if so, when you became disabled. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P.

More About the Issues

If you qualify for benefits based on disability, I will also decide if your disability continues. I will consider whether there has been any medical improvement in your impairment(s) or whether one of the exceptions to medical improvement stated in the regulations applies. Unless certain exceptions apply, I will find you still disabled if you have not become able to work.

If You Have Objections

If you object to the issues I have stated, or to any other aspect of the scheduled hearing, you must tell me in writing why you object. You must do this at the earliest possible opportunity before the hearing.

You May Submit Additional Evidence And Review Your File

If there is more evidence you want to submit, get it to me right away. If you cannot get the evidence to me before the hearing, bring it to the hearing. If you want to see your file before the date of the hearing, call this office.

Your Right To Request a Subpoena

I may issue a subpoena that requires a person to submit documents or testify at your hearing. I will issue a subpoena if it is reasonably necessary for the full presentation of your case.

If you want me to issue a subpoena, you must submit a written request. You should submit the request as soon as possible before the hearing. The request must identify the needed documents or witnesses and their location, state the important facts the document or witness is expected to prove, and indicate why you cannot prove these facts without a subpoena.

What Happens At The Hearing

- You may review your file. If you wish to do so, please arrive 30 minutes before the time set for the hearing. Call us if you want more time.
- You will have a chance to testify and tell me about your case.
- You (and your representative) may submit documents, present and question witnesses, state your case, and present written statements about the facts and law.

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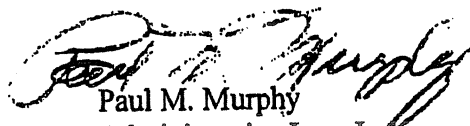
- I will question you and any other witnesses about the issues. You and any other witnesses must normally testify under oath or affirmation.
- We will make an audio recording of the hearing.

My Decision

After the hearing, I will issue a written decision explaining my findings of fact and conclusions of law. I will base my decision on all the evidence of record, including the testimony at the hearing. I will mail a copy of the decision to you.

If You Have Any Questions

If you have any questions, please call or write this office. Our telephone number and address are shown on the first page of this notice.


Paul M. Murphy
Administrative Law Judge

Enclosures

cc: Alida Howard
51 Union Street
Ste. 101
Worcester, MA 01608