REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

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

See Privacy Act Notice

1. Claimant Name	2. Claimant SSN	3. Claim Number, if different

4. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination because:

An Administrative Law Judge of the Social Security Administration's Office of Hearings Operations or the Department of Health and Human Services will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 75 days before the date of hearing from the Social Security Administration, and 20 days before the date of hearing from the Department of Health and Human Services.

5. I have additional evidence to submit. ☐ Yes ☐ No

Name and source of additional evidence, if not included.

Submit your evidence to the hearing office within 10 days. Your servicing Social Security office will provide the hearing office's address. Attach an additional sheet if you need more space.

6. Do not complete if the appeal is a Medicare issue. Otherwise, check one of the blocks

☐ I wish to appear at a hearing.

☐ I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)

Representation: You have a right to be represented at the hearing. If you are not represented, your Social Security office will give you a list of legal referral and service organizations. If you are represented, complete and submit form SSA-1696 (Appointment of Representative) unless you are appealing a Medicare issue.

7. CLAIMANT SIGNATURE (OPTIONAL)	DATE	8. NAME OF REPRESENTATIVE (if any)	DATE

RESIDENCE ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX NUMBER

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

9. Request received on _____ (Date) by: _____ (Print Name) _____ (Title)

_____ (Address) _____ (Servicing FO Code) _____ (PC Code)

10. Was the request for hearing received within 65 days of the reconsidered determination? ☐ Yes ☐ No

If no, attach claimant's explanation for delay and supporting documents if any.

11. If claimant is not represented, was a list of legal referral service organizations provided? ☐ Yes ☐ No

12. Interpreter needed ☐ Yes ☐ No

Language (including sign language):

13. Check one: ☐ Initial Entitlement Case

☐ Disability Cessation Case or ☐ Other Postentitlement Case

14. HO COPY SENT TO: _____ HO on _____

☐ Claims Folder (CF) Attached: ☐ Title (T) II; ☐ T XVI;
☐ T VIII; ☐ T XVIII; ☐ T II CF held in FO ☐ Electronic Folder
☐ CF requested ☐ T II; ☐ T XVI; ☐ T VIII; ☐ T XVIII
(Copy of email or phone report attached)

16. CF COPY SENT TO: _____ HO on _____

☐ CF Attached: ☐ Title (T) II; ☐ T XVI; ☐ T XVIII

☐ Other Attached: _____

15. Check all claim types that apply:

☐ Retirement and Survivors Insurance Only	(RSI)
☐ Title II Disability - Worker or child only	(DIWC)
☐ Title II Disability - Widow(er) only	(DIWW)
☐ Title XVI (SSI) Aged only	(SSIA)
☐ Title XVI Blind only	(SSIB)
☐ Title XVI Disability only	(SSID)
☐ Title XVI/Title II Concurrent Aged Claim	(SSAC)
☐ Title XVI/Title II Concurrent Blind	(SSBC)
☐ Title XVI/Title II Concurrent Disability	(SSDC)
☐ Title XVIII Hospital/Supplementary Insurance	(HI/SMI)
☐ Title VIII Only Special Veterans Benefits	(SVB)
☐ Title VIII/Title XVI	(SVB/SSI)
☐ Other - Specify:	

PRIVACY ACT STATEMENT
Collection and Use Of Personal Information

Sections 205, 1155, 1631(c), and 1869(b) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on your claim.

We will use the information you provide to continue processing your claim. We may also share your information for the following purposes, called routine uses:

• To contractors and other Federal agencies, as necessary, for the purpose of assisting Social Security Administration (SSA) in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records; and

• To a congressional office in response to an inquiry from that office made at the request of the subject of a record.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices(SORN) 60-0009, entitled Hearings and Appeals Case Control System, as published in the Federal Register (FR) on October 13, 1982, at 47 FR 45589 and 60-0089, entitled Claims Folder System, as published in the FR on April 1, 2003, at 68 FR 15784. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***