

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

See
Privacy Act Notice

1. CLAIMANT NAME	CLAIMANT SSN	2. WAGE EARNER NAME, IF DIFFERENT
3. CLAIMANT CLAIM NUMBER, IF DIFFERENT	4. SPOUSE'S NAME, IF NOT WAGE EARNER	SPOUSE'S CLAIM NUMBER OR SSN

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

An Administrative Law Judge of the Social Security Administration's Office of Disability Adjudication and Review or the 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 20 days before the date set for a hearing.

6. I have additional evidence to submit. <input type="checkbox"/> Yes <input type="checkbox"/> No Name and address of source of additional evidence: (Please submit it to the hearing office within 10 days. Your servicing Social Security Office will provide the address. Attach an additional sheet if you need more space.)	7. Do not complete if the appeal is a Medicare issue. Check one of the blocks: <input type="checkbox"/> I wish to appear at a hearing <input type="checkbox"/> I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)
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You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. If you are represented and have not done so previously, complete and submit form SSA-1696 (Appointment of Representative) unless you are appealing a Medicare issue. Regardless of the issue you are appealing, you should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc., in No. 9. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

8. (CLAIMANT'S SIGNATURE) _____ (DATE) _____	9. (REPRESENTATIVE'S SIGNATURE/NAME) _____ (DATE) _____
ADDRESS _____	(ADDRESS) <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY;
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

10. Request received for the Social Security Administration on _____ (Date) by: _____ (Print Name)

(Title) (Address) (Servicing FO Code) (PC Code)

11. Was the request for hearing received within 65 days of the reconsidered determination? YES NO
If no is checked, attach claimant's explanation for delay; and attach copy of appointment notice, letter, or other pertinent material or information in the Social Security office.

12. Claimant is represented Yes No
 List of legal referral and service organizations provided

13. Interpreter needed Yes No
Language (including sign language): _____

14. Check one: Initial Entitlement Case
 Disability Cessation Case
 Other Postentitlement Case

16. HO COPY SENT TO: _____ HO on _____
 CF Attached: Title II; Title XVI; Title VIII; T XVIII;
 Title II CF held in FO Electronic Folder
 CF requested Title II; Title XVI; Title VIII; T XVIII
(Copy of email or phone report attached)

17. CF COPY SENT TO: _____ HO on _____
 CF Attached: Title II; Title XVI; Title XVIII
 Other Attached: _____

15. Check all claim types that apply:

<input type="checkbox"/> RSI only	(RSI)
<input type="checkbox"/> Title II Disability-worker or child only	(DIWC)
<input type="checkbox"/> Title II Disability-Widow(er) only	(DIWW)
<input type="checkbox"/> SSI Aged only	(SSIA)
<input type="checkbox"/> SSI Blind only	(SSIB)
<input type="checkbox"/> SSI Disability only	(SSID)
<input type="checkbox"/> SSI Aged/Title II	(SSAC)
<input type="checkbox"/> SSI Blind/Title II	(SSBC)
<input type="checkbox"/> SSI Disability/Title II	(SSDC)
<input type="checkbox"/> Title XVIII	(HI/SMI)
<input type="checkbox"/> Title VIII Only	(SVB)
<input type="checkbox"/> Title VIII/Title XVI	(SVB/SSI)
<input type="checkbox"/> Other - Specify: _____	