

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

IN THE CASE OF

CLAIM FOR

(Claimant)

(Wage Earner)

(Social Security Number)

WAIVER OF TIMELY WRITTEN NOTICE OF HEARING

Under 20 CFR 405.315, I am entitled to a 75 day written notice of the hearing on my case.
Having been fully advised of such right, I hereby waive the 75 day advance notice requirement.

(Signature)

(Street Address)

(City, State, and Zip Code)

(Area Code and Telephone Number)

Date: _____