

REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE
[Take or mail original and all copies to your local Social Security Office]

PRIVACY ACT NOTICE
ON REVERSE SIDE OF FORM.

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT	3. SOC. SEC. CLAIM NUMBER	4. SPOUSE'S CLAIM NUMBER
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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 Office of Hearings and Appeals 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.

<p>6. If you have additional evidence to submit check the following block and complete the statement: <input type="checkbox"/></p> <p>I have additional evidence to submit from (name and address of source): _____</p> <p>_____</p> <p>(Please submit it to the Social Security Office within 10 days. Attach an additional sheet if you need more space.)</p>	<p>7. Check one of the blocks:</p> <p><input type="checkbox"/> I wish to appear at a hearing.</p> <p><input type="checkbox"/> I do not wish to appear and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)</p>
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[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.]

8. _____ (CLAIMANT'S SIGNATURE)	9. _____ (REPRESENTATIVE'S SIGNATURE/NAME)
ADDRESS	(ADDRESS) <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY;
CITY STATE ZIP CODE	CITY STATE ZIP CODE
DATE AREA CODE AND TELEPHONE NUMBER	DATE AREA CODE AND TELEPHONE NUMBER

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10. Request for Hearing RECEIVED for the Social Security Administration on _____ by: _____

(TITLE)	ADDRESS
11. Was the request for hearing received within 65 days of the reconsidered determination? <input type="checkbox"/> YES <input type="checkbox"/> 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 not represented - <input type="checkbox"/> list of legal referral and service organizations provided	13. Interpreter needed - <input type="checkbox"/> enter language (including sign language): _____
14. Check one: <input type="checkbox"/> Initial Entitlement Case <input type="checkbox"/> Disability Cessation Case <input type="checkbox"/> Other Postentitlement Case	15. Check claim type(s): <input type="checkbox"/> RSI only -----(RSI) <input type="checkbox"/> Title II Disability-worker or child----- (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"/> HI Entitlement ----- (HIE) <input type="checkbox"/> Other-Specify: (_____)
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