

REQUEST FOR REVIEW OF HEARING DECISION/ORDER*(Take or mail original and all copies to your local Social Security Office)*See Privacy Act
Notice on Reverse

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT
3. SOCIAL SECURITY CLAIM NUMBER	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER <i>(Complete ONLY in Supplemental Security Income Case)</i>

5. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because:

ADDITIONAL EVIDENCE

If you have additional evidence submit it with this request for review. If you need additional time to submit evidence or legal argument, you must request an extension of time in writing now. If you request an extension of time, you should explain the reason(s) you are unable to submit the evidence or legal argument now. If you neither submit evidence or legal argument now nor within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence of record.

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PRINT NAME	PRINT NAME	
ADDRESS	ADDRESS	
(CITY, STATE, ZIP CODE)	(CITY, STATE, ZIP CODE)	
TELEPHONE NUMBER (INCLUDE AREA CODE)	TELEPHONE NUMBER	FAX NUMBER (INCLUDE AREA CODE)

THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART

8. Request received for the Social Security Administration on _____ by: _____

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9. Is the request for review received within 65 days of the ALJ's Decision/Dismissal? ☐ Yes ☐ No

10. If no checked: (1) attach claimant's explanation for delay; and
(2) attach copy of appointment notice, letter or other pertinent material or information in the Social Security Office.

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APPEALS COUNCIL OFFICE OF HEARINGS AND APPEALS, SSA 5107 Leesburg Pike FALLS CHURCH, VA 22041 - 3255	

PAPERWORK/PRIVACY ACT NOTICE

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