SOCIAL SECURITY ADMINISTRATION OFFICE OF DISABILITY ADJUDICATION AND REVIEW						Form Approved OMB No. 0960-0269	
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		IANT SSN	-	2. WAGE EARNER NAME, IF DIFFERENT			
3. CLAIMANT CLAIM NUMBER, IF DIFFERENT	4. SP	POUSE'S NAME, IF N	OT WAGE EARNER		SPOUSE'S CL	AIM 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 S	Security Adm	inistration's Office of	Disability Adjudication a	nd Review or the H	ealth and H	Human Services will be	
appointed to conduct the hearing or other date set for a hearing.	proceedings	in your case. You will	receive notice of the tim	e and place of a he	earing at le	ast 20 days before the	
 I have additional evidence to submit. Name and address of source of addition 		 7. Do not complete if the appeal is a Medicare issue. Check one of the blocks: I wish to appear at a hearing. 					
You have a right to be represented at the legal referral and service organizations. I (Appointment of Representative) unless Regardless of the issue you are appealing,	If you are rep you are appe	bresented and have ealing a Medicare iss	not done so previously sue.	, complete and su	bmit form	SSA-1696	
your representative is not available to comp		n, you should also prir	t his or her name, addre	ess, etc., in No. 9.	NO. 9. 11 yo		
8. CLAIMANT'S SIGNATURE- Optional DATE). REPRESENTATIVE'S NAME			DATE	
RESIDENCE ADDRESS	ADDRESS 🗌 ATTO	DDRESS ATTORNEY NON-ATTORNEY					
CITY S	STATE	ZIP CODE	CITY	Ş	STATE	ZIP CODE	
ELEPHONE NUMBER FAX NUMBER			TELEPHONE NUMBE	TELEPHONE NUMBER		IUMBER	
TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION- ACKNOWLEDGMENT OF REQUEST FOR HEARING							
10. Request received for the Social Security Administration on by: (Date)							
(Title)	(Addre	ess)		(Servicing FO Code	e)	(PC Code)	
11. Was the request for hearing received within 65 days of the reconsidered determination?							
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 15. Check all claim types that apply: List of legal referral and service organizations provided Image: Claim types that apply: Image: Claim types that apply:							
13. Interpreter needed	RSI only	RSI only					
Language (including sign language):	🗌 Title II Disa	Title II Disability-worker or child only					
14. Check one: Initial Entitlemer	— Title II Disa	Title II Disability-Widow(er) only					
🗌 Disability Cessa	-	SSI Aged only					
	SSI Disability only			(SSID)			
16. HO COPY SENT TO:	SSI Aged/T	SSI Aged/Title II					
□ CF Attached: □ Title II; □ T □ Title II CF held in FO □ E	III;	SSI Blind/Title II		(SSBC)			
☐ Title II CF held in FO ☐ E ☐ CF requested ☐ Title II; ☐ T		 □ SSI Disability/Title II		(SSDC)			
(Copy of email or phone report atta	☐ Title XVIII			(HI/SMI)			
17. CF COPY SENT TO:		 ☐ Title VIII Only					
☐ CF Attached: ☐ Title II; ☐ ☐ Other Attached:	Title XVIII	Title VIII/Tit	Title VIII/Title XVI Other - Specify:				

Form HA-501-U5 (08-2012) ef (08-2012) TAKE OR SEND ORIGINAL TO SSA AND RETAIN A COPY FOR YOUR RECORDS Use 02-2011 Edition Until Stock is Exhausted

PRIVACY ACT STATEMENT Request for Hearing by Administrative Law Judge

Sections 205(a) (42 U.S.C. 405 (a)), 702 (42 U.S.C. 902), 1631(e) (1) (A), and; (B) (42 U.S.C. 1383(e) (1) (A) and (B)), 1839(i) (42 U.S.C. 1395r), 1869(b) (1), and (c) (42 U.S.C. 1395ff) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to continue processing your claim.

Providing this information is voluntary. However, failing to provide us with all or part of the requested information may prevent us from making an accurate and timely decision on your claim.

We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

- 1. To enable a third party or an agency to assist Social Security in establishing rights to Medicare benefits and/or coverage;
- 2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- 4. To facilitate statistical research, audit, or investigate activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in System of Records Notices 60-0089, Claims Folder System and 60-0050, Completed Determination-Continuing Disability Determinations. These notices, additional information regarding this form, and information regarding our programs and systems, are available on-line at <u>www.socialsecurity.gov</u> or any local Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. 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** <u>www.socialsecurity.gov</u>. **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 <u>only</u> comments relating to our time estimate to this address, not the completed form.