SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS

Form Approved
OMB No. 0960-0269

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

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.

6. If you have additional evidence to submit check the following block and complete the statement: ☐

I have additional evidence to submit from
(Name and address of source):

(Please submit it to the Social Security Office within 10 days. Attach an additional sheet if you need more space.)

7. Check one of the blocks:

☐ I wish to appear at a hearing.

☐ 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)

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, complete form SSA-1696.)

[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.	9.
(CLAIMANT'S SIGNATURE)	(REPRESENTATIVE'S SIGNATURE/NAME)
ADDRESS	(ADDRESS) ☐ ATTORNEY; ☐ NON ATTORNEY
CITY STATE ZIP CODE	CITY STATE ZIP CODE
DATE AREA CODE AND TELEPHONE NUMBER	DATE AREA CODE AND TELEPHONE NUMBER

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION-ACKNOWLEDGMENT OF REQUEST FOR HEARING

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

(TITLE) ADDRESS Servicing FO Code PC Code

11. Is 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 not represented -
☐ list of legal referral and service organizations provided

13. Interpreter needed -
☐ enter language (including sign language):

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

15.
Check claim type(s):

☐ RSI only	(RSI)
☐ Disability-worker or child only	(DIWC)
☐ Disability-Widow(er) only	(DIWW)
☐ SSI Aged only	(SSIA)
☐ SSI Blind only	(SSIB)
☐ Disability only	(SSID)
☐ SSI Aged/Title II	(SSAC)
☐ SSI Blind/Title II	(SSBC)
☐ SSI Disability/Title II	(SSDC)
☐ HI Entitlement	(HIE)
☐ Other-Specify: (_____)	

16.
HO COPY SENT TO: _____ HO on _____
☐ CF Attached: ☐ Title II; ☐ Title XVI; or
☐ Title II CF held in FO to establish CAPS ORBIT; or
☐ CF requested: ☐ Title II; ☐ Title XVI
(Copy of teletype or phone report attached).

17.
CF COPY SENT TO: _____ HO on _____
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☐ Other attached _____

FORM **HA-501-U5** (5-95) EF-FF (10-3-95)

CLAIMS FOLDER

SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS

Form Approved
OMB No. 0960-0269

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☐ Disability only	(SSID)
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FORM **HA-501-U5** (5-95) EF-FF (10-3-95)

HEARING OFFICE FILE

SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS

Form Approved
OMB No. 0960-0269

REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

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FORM **HA-501-U5** (5-95) EF-FF (10-3-95)

FIELD OFFICE

SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS

Form Approved
OMB No. 0960-0269

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- ☐ Other-Specify: (_____)

PRIVACY ACT AND PAPERWORK ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (c), as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security Office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 35 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 10 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. **Send only comments relating to our "time it takes" estimate to the office listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory.**