SOCIAL SECURIT	Y ADMINISTRATION		TOE 710				OMB No	. 0960-0534
W	AIVER OF RIGHT	TO APPEAR - DISA	BILITY F	EARING	(DO N	OT WRITE	IN THIS	SPACE)
sections 205(a), 1 1395ii). Giving us your request to w information on this this form without y 1. A Federal Is 2. Your Congr 3. Someone no programs, o 4. The Depart SSA admin Explanations abou	631(e)(1)(A) and (B), and s the information on this for raive your right to appear s form to fully evaluate you your consent if: aw requires that we give our ressman or the President's C teeds this information to do s or, ment of Justice needs the in istered programs.	dministration is authorized to a 1872 of the Social Security A m is voluntary. However, if you at a disability hearing. The S r claim for disability benefits. We this information; ffice needs this information to at tatistical research or audit report formation to represent the Federal why information you provide us nore about this, contact any Soci	ct, as amended do not responded la Security for may routined as for us related al Government may be used for the second for th	I (42 U.S.C. 405, 1383 and, we will be unable to act of Administration will use the y give out the information of a you ask them; to the Social Security in a court suit related to or given out are available in	d n e n			
NAME OF CLA	AIMANT							
NAME OF WAGE EARNER OR SELF-EMPLOYED SOCIAL SECURITY NUMBER								
		SUPPLEMENTAL SECU		ME CASE) ECURITY NUMBER				
NAME OF SPO	J03E			- -				
TYPE OF BENEFIT		DISABILITY			SS	1		
	WORKER	WIDOW/ WIDOWER	CHILD	DISABILITY	•	BLIND		CHILD
NAME OF REI	PRESENTATIVE, IF A	NY						
						LEPHONE NUMBER (INCLUDE EA CODE)		
opportunity the reasons could be effect opportunity the restrict my at a hearing by Although the represent mediance of Administration decision in medians.	why my disability lective in explaining to present and que ctivities. I have be an attorney or other above has been de at a disability he record plus any event on. I have been acond case. In this event when the case. In this event which is a present and the case.	et to have a disability has and explain in deta benefits should not en the facts in my case, stion witnesses and even given an explanat her person of my choice explained to me, I do aring. I prefer to have didence which I may so divised that if I change eent, I can make the re-	il to the di id. I unde since the explain how ion of my ce. not want to the disab ubmit or want my mind, equest wit	sability hearing off restand that this opp disability hearing of w my impairments right to representate a appear at a disability hearing officer which may be obtain I can request a hear any Social Secur	cer, who cortunity officer we prevent tion, incomility hear decidened by the earing printy officer.	o will deci to be see rould give me from luding rep aring, or h my case he Social ior to the	de my en and me an working resent ave so on the Securi writing	heard g and ation at meone ity of a
SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK)						ONTH, DAY,	YEAR)	
						ELEPHONE NUMBER (INCLUDE REA CODE)		
MAILING ADD	RESS (NUMBER AND	STREET, APT. NO., P.O	. BOX, OR I	RURAL ROUTE)				
CITY AND ST	ATE					ZIP CODE		
Witnesses ar signing who i	re required ONLY if t know the person req	his form has been signe uesting reconsideration	must sign	below, giving their fu	iii adares	(X), two wasses.	/itnesse	es to the
	RE OF WITNESS		2. SIG	NATURE OF WITNES	S			
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE) ADDRESS (NUMBER AND ST						CITY, STAT	E, ZIP (CODE)

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. 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 15 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.