

### DISABILITY HEARING OFFICER'S DECISION

CODE NUMBERS

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**PRIVACY/PAPERWORK ACT NOTICE:** The Social Security Administration (SSA) is authorized to collect the information on this form under Section 205(a), 1631(e)(1)(A) and (B), and 1872 of the Social Security Act, as amended (42 U.S.C. 405, 1383, and 1395ii). Giving us this information is mandatory. SSA will use the information on this form as an official document of the Disability Hearing Officer's decision.

**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 45 minutes to read the instructions, gather the facts, and answer the questions. Send only comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401.

CLAIMANT'S NAME	HEARING DATE
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NUMBER HOLDER'S NAME	NUMBER HOLDER'S SOCIAL SECURITY NUMBER - -
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TYPE OF BENEFITS <i>(Check relevant type(s))</i>	TITLE II			TITLE XVI		
	DIB	DWB	CDB	Disability	Blind	Child

The claimant was earlier notified that his/her disability:

Ceased \_\_\_\_\_ (Month/Year)
   
 Did not exist as previously established because: (Explain below)

Present at the disability hearing were the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The basic issue to be determined by this disability hearing decision is whether the claimant is disabled/blind under the definition of disability/blindness contained in Section 223(d) and Section 1614(a) of the Social Security Act, taking into account, when applicable, the standard of review for termination of disability benefits contained in Section 223(f) and Section 1614(a)(5) of the Social Security Act.

Other issues are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Summary of Evidence, attached, lists medical/vocational reports in the claims folder obtained prior to the disability hearing. The claimant has submitted additional documentary evidence which consists of the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Following is a summary of the claimant's testimony:

Lined area for writing the summary of the claimant's testimony.

Following is a summary of relevant witness testimony:

Lined area for writing the summary of relevant witness testimony.



NUMBER HOLDER'S SSN

- -

Are there other issues relating to this determination? →

YES

NO

Explain:

**CONCLUSION**

The CLAIMANT is found to be:

DISABLED

DISABLED, but with a new period of disability;  
the earlier determination that claimant's  
disability has ceased is correct. A new period  
of disability began as of: \_\_\_\_\_

NOT DISABLED

NOT DISABLED, but with a later cessation date. The  
claimant's disability ceased as of: \_\_\_\_\_

Other conclusion:

DISABILITY HEARING OFFICER'S SIGNATURE

DATE