

**REQUEST TO DECISION REVIEW BOARD TO VACATE THE ADMINISTRATIVE LAW JUDGE  
DISMISSAL OF HEARING**

(Take or mail the signed original to your local Social Security Office, the Veterans Affairs Regional Office in Manila  
or any U.S. Foreign Service post. Please keep a copy for your records)

1.) CLAIMANT	2.) WAGE EARNER, IF DIFFERENT
3.) SOCIAL SECURITY CLAIM NUMBER	4.) SUPPLEMENTAL SECURITY INCOME (SSI) CLAIM NUMBER
5.) SPOUSE'S NAME (Complete ONLY in SSI cases)	6.) SPOUSE'S SOCIAL SECURITY NUMBER (Complete ONLY in SSI cases)
7. Type of Disability Claim: <input type="checkbox"/> Title II Disability <input type="checkbox"/> Supplemental Security Income	

8. I request that the Decision Review Board review the Administrative Law Judge's dismissal action on the above claim because:

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**WRITTEN STATEMENT AND/OR ADDITIONAL EVIDENCE**

- o You may submit a written statement to the Decision Review Board with this request for review. The written statement may be no more than 2,000 words. If it is typed, it must be 12 point font or larger. The written statement should briefly explain why you disagree with the Administrative Law Judge's action.
- o You may submit evidence to show why you think the Administrative Law Judge should not have dismissed your request for hearing. The Decision Review Board will accept only evidence that is relevant to the dismissal issue.
- o Neither written statements nor additional evidence will be considered by the Decision Review Board if they are submitted after you request review.

**IMPORTANT:** Write your Social Security Claim Number on any letter or material you send us.

**SIGNATURE BLOCKS:** You should complete No. 9 and your representative (if any) should complete No. 10. 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. 10.

**I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

9. CLAIMANT'S SIGNATURE		DATE		10. REPRESENTATIVE'S SIGNATURE <input type="checkbox"/> Attorney	
				<input type="checkbox"/> Non-Attorney	
PRINT NAME		PRINT NAME			
ADDRESS		ADDRESS			
(CITY, STATE, ZIP CODE)		(CITY, STATE, ZIP CODE)			
PHONE NUMBER (    )    -	FAX NUMBER (    )    -	PHONE NUMBER (    )    -	FAX NUMBER (    )    -		

