

### SUBPOENA-DISABILITY HEARING

NAME OF CASE

TO:

YOU ARE REQUIRED TO APPEAR AS A WITNESS AT THE DISABILITY HEARING OF THE ABOVE NAMED PERSON. YOU MUST APPEAR AT THE FOLLOWING TIME AND LOCATION.

LOCATION OF HEARING

DATE OF HEARING

TIME OF HEARING

YOU ARE REQUIRED TO PROVIDE THE FOLLOWING DOCUMENTS IN CONNECTION WITH THE DISABILITY HEARING OF THE ABOVE NAMED PERSON.

THE DOCUMENTS MUST BE RECEIVED BY \_\_\_\_\_, \_\_\_\_\_ AT THE FOLLOWING ADDRESS  
ADDRESS

DISABILITY HEARING OFFICER/SUPERVISORY HEARING OFFICER

DATE

AUTHORIZING OFFICIAL

DATE

**PAPERWORK REDUCTION ACT STATEMENT:**

see Revised PRA, Attached

~~This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 30 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

### SUBPOENA-DISABILITY HEARING

NAME OF CASE

TO:

YOU ARE REQUIRED TO APPEAR AS A WITNESS AT THE DISABILITY HEARING OF THE ABOVE NAMED PERSON. YOU MUST APPEAR AT THE FOLLOWING TIME AND LOCATION.

LOCATION OF HEARING

DATE OF HEARING

TIME OF HEARING

YOU ARE REQUIRED TO PROVIDE THE FOLLOWING DOCUMENTS IN CONNECTION WITH THE DISABILITY HEARING OF THE ABOVE NAMED PERSON.

THE DOCUMENTS MUST BE RECEIVED BY \_\_\_\_\_, \_\_\_\_\_ AT THE FOLLOWING ADDRESS  
ADDRESS

DISABILITY HEARING OFFICER/SUPERVISORY HEARING OFFICER

DATE

AUTHORIZING OFFICIAL

DATE

**PAPERWORK REDUCTION ACT STATEMENT:** See Revised PRA, Attached

~~This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 30 minutes to read the instructions, gather the necessary facts, and answer the questions.~~



**PAPERWORK REDUCTION ACT STATEMENT:**

*See Revised PRA, Attached*

~~This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 30 minutes to read the instructions, gather the necessary facts, and answer the questions.~~

### SUBPOENA-DISABILITY HEARING

NAME OF CASE

TO:

YOU ARE REQUIRED TO APPEAR AS A WITNESS AT THE DISABILITY HEARING OF THE ABOVE NAMED PERSON. YOU MUST APPEAR AT THE FOLLOWING TIME AND LOCATION.

LOCATION OF HEARING

DATE OF HEARING

TIME OF HEARING

YOU ARE REQUIRED TO PROVIDE THE FOLLOWING DOCUMENTS IN CONNECTION WITH THE DISABILITY HEARING OF THE ABOVE NAMED PERSON.

THE DOCUMENTS MUST BE RECEIVED BY \_\_\_\_\_, \_\_\_\_\_ AT THE FOLLOWING ADDRESS  
ADDRESS

DISABILITY HEARING OFFICER/SUPERVISORY HEARING OFFICER

DATE

AUTHORIZING OFFICIAL

DATE

**PAPERWORK REDUCTION ACT STATEMENT:**

See Revised PRA, Attached

~~This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 30 minutes to read the instructions, gather the necessary facts, and answer the questions.~~



***The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:***

**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 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING 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 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*