Social Security Administration TOE 710 **Form Approved OMB No. 0960-0348**

REQUEST FOR CHANGE IN TIME/PLACE OF DISABILITY HEARING

(DO NOT WRITE IN THIS SPACE)

Paperwork Act/Privacy Act Notice: The collection of information by use of this form is authorized by regulation 20 CFR 404.907-404.921 and 416.1407-416.1421. While your responses are voluntary, we cannot act on your request without this information. Information you furnish may be disclosed by the Social Security Administration to another person or government agency only with respect to social security programs and to comply with Federal laws requiring disclosure or exchange of information between SSA and other government agencies.

NAME OF CLAIMANT

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER

SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (COMPLETE ONLY IN SUPPLEMENTAL SECURITY INCOME CASE)

TYPE OF BENEFIT:	DISABILITY			SSI		
	☐ WORKER	☐ WIDOW/ WIDOWER	☐ CHILD	☐ DISABILITY	☐ BLIND	☐ CHILD

NAME OF REPRESENTATIVE, IF ANY

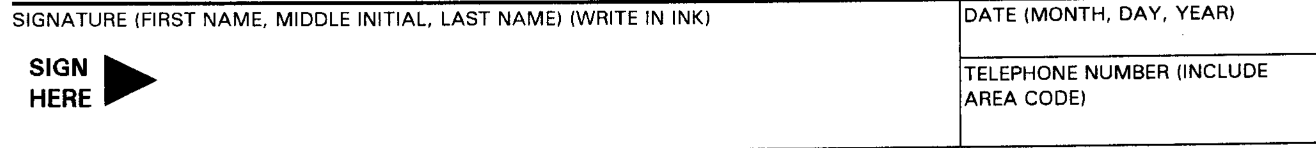
REPRESENTATIVE'S ADDRESS	TELEPHONE NUMBER (INCLUDE AREA CODE)

HEARING CURRENTLY SCHEDULED

DATE	TIME	PLACE

I REQUEST	☐ A POSTENTITLEMENT OF ________ DAYS FROM THE SCHEDULED HEARING DATE	☐ A DIFFERENT PLACE OF HEARING (SPECIFY PLACE)

THE REASON FOR MY REQUEST IS:



SIGNATURE (FIRST NAME, MIDDLE INITIAL, LAST NAME) (WRITE IN INK) **SIGN HERE ▶**	DATE (MONTH, DAY, YEAR) / TELEPHONE NUMBER (INCLUDE AREA CODE)

MAILING ADDRESS (NUMBER AND STREET, APT. NO., P.O. BOX, OR RURAL ROUTE)

CITY AND STATE	ZIP CODE

Witnesses are required ONLY if this form has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full addresses.

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)	ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP CODE)

Please See Revised PRA, Attached

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 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. We estimate that it will take you about 15 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

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 15 minutes to read the instructions, gather the facts, and answer the questions.
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.***