

DISABILITY HEARING OFFICER'S REPORT OF DISABILITY HEARING

DHU Code Number

Paperwork/Privacy Act Notice: The Social Security Administration 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.

The information on this form will aid Disability Hearings Officers in conducting hearings and in preparing disability decisions. It will be made a part of the claims folder and be subject to its rules concerning disclosure.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

See Revised PRA, Attached

~~**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 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. To find the nearest office, call 1-800-772-1213. Send only comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.**~~

I. IDENTIFYING INFORMATION

- 1. CLAIMANT'S NAME (Enter any changes in address/telephone number)
- 2. NUMBER HOLDER'S NAME (If different from claimant)
- 3. NUMBER HOLDER'S SOCIAL SECURITY NUMBER

II. BACKGROUND INFORMATION

- 1. FILE REVIEWED BY CLAIMANT/REPRESENTATIVE Yes No
(If no, explain) _____
- 2. HEARING PLACE
- 3. HEARING DATE/TIME HEARING BEGAN
- 4. PRESENT AT HEARING WERE:
- 5. MONTH/YEAR OF CESSATION
- 6. REASON FOR DETERMINATION UNDER APPEAL
- 7. DATE OF COMPARISON POINT DECISION (CPD) _____
- 8. BASIS FOR CPD
- 9. CLAIMANT'S BIRTHDATE _____ AGE _____ HEIGHT _____ WEIGHT _____ EDUCATION _____
- 10. TYPE OF CLAIM(S)
TITLE II DIB DWB CDB **TITLE XVI** Disability Blind
- 11. ABILITY TO READ/WRITE/SPEAK/UNDERSTAND ENGLISH Yes No (If no, explain)

III. ISSUES

The basic issue to be determined is whether the claimant is disabled/blind under the definition of disability/blindness contained in sections 223 (d) and 1614 (a) of the Social Security Act, taking into account, when applicable, the standard of review for termination of disability benefits contained in sections 223 (f) and 1614 (a)(4) of the Social Security Act.

- 1. Other issues (new claim, EPE, 301 etc.): _____
- 2. Additional evidence submitted: _____

WITNESS STATEMENT

23.

A.1. NAME

A.2. RELATIONSHIP TO CLAIMANT

A.3. Excluded

(check)

A.4. Why does witness think the claimant hasn't improved since the CPD or can't work? Basis for this opinion is (personal observation, what claimant has said, etc.):

B.1. NAME

B.2. RELATIONSHIP TO CLAIMANT

B.3. Excluded

(check)

B.4. Why does witness think the claimant hasn't improved since the CPD or can't work? Basis for this opinion is (personal observation, what claimant has said, etc.):

CONTINUATION SHEET

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

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