

Social Security
Online

www.socialsecurity.gov

Internet Appeal

Name: **John Public**
SSN: **xxx-xx-0285**

About the Request for Hearing by Administrative Law Judge

OMB No. 0960-0296 0269

If you do not agree with the determination we made on your claim, you may file a request for hearing before an Administrative Law Judge (ALJ). To request a hearing, you need to complete an HA-501-U5, Request for Hearing by Administrative Law Judge. The next few pages allow you to electronically complete and submit the HA-501. The last page of Part 1 is a Receipt page with a date and time confirmation that you should print and save for your records.

If you are requesting a hearing on the denial of a claim for disability benefits, there are additional forms you need to complete to send with your request for an Appeal. These forms are the SSA-3441, Disability Report - Appeal, and the SSA-827, Authorization to Disclose Information to SSA. The SSA-3441 is the electronic form you will complete as Part 2 of this Internet Appeal process, and it includes a link to the SSA-827.

You may also need to complete a form SSA-1696, Appointment of Representative, if you are appointing a representative. If your representative is not an attorney, he or she must sign the SSA-1696 or state in writing that he or she accepts the appointment, before you send it to us. Both the Appeal Request Receipt page and the Appeal Disability Report include a link to the SSA-1696.

You must file your appeal within 60 days from the date you got the determination. We assume you got the determination within 5 days of the date shown on that notice unless you can show us you did not get it within the 5-day period.

If you have additional evidence, please submit it to the hearing office within 10 days.

If you have any questions, you may call our toll-free number, **1-800-772-1213**, (for people who are deaf or hard of hearing, call our "TTY" number, **1-800-325-0778**), or contact your local Social Security Office. When you contact us, be sure to have any letters we sent you. It will help us answer your questions. 19

We estimate you will need **20** minutes to complete this Request for Hearing. If you want more information, use this link

to read about the [Paperwork Reduction Act](#).

If you want to know more about how we may use the information you give us, please refer to [Privacy Information](#).

If you want to file your request for a hearing online, please select the Continue button to go to the next page. If you choose not to complete your request online, please select the Exit button to leave this appeal process.

[Exit](#)

[Continue](#)

[Contact Us](#) | [How to Move Around This Report](#)

Social Security
Online

www.socialsecurity.gov

Appeals Process

Paperwork Reduction Act

See below for revised Paperwork
Reduction and Privacy Act
Statements.

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. The OMB Control Number for the Request for Hearing By An Administrative Law Judge is 0960-0269. The expiration date for this OMB Control Number is 8/31/2010. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions for a Request for Hearing.

*You may send comments on our time estimate about to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send **ONLY** comments relating to our time estimate to this address, not the completed form.*

If You Have Questions

Call our toll-free number, **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free "TTY" number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

Close this window to return to the appeal process.

Social Security
Online

Appeals Process

www.socialsecurity.gov

Privacy information for Internet Appeals

The Social Security Act (section 205(a), 702, 1631(e)(1)(a) and (b), and 1869(b)(1) and (c), and Public Law 106-169 (Section 809(a)(1) of Sections 251 (a) and Section 1838(i) of the Act (P.L. 108-173) as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

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 about you 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, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post.

Close this window to return to the appeal process.

SSA will insert the following revised PRA Statement 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 19 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** You can find your local Social Security office through SSA's website at www.socialsecurity.gov. Offices are also 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.*

Request for Hearing by Administrative Law Judge, Form HA-501-U5
Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a) (42 U.S.C. 405(a)), 702 (42 U.S.C. 902), 1631(e)(1)(A) and (B) (42 U.S.C. 1383(e)(1)(A) and (B)), 1839(i) (42 U.S.C. 1395r), and 1869(b)(1) and (c) (42 U.S.C. 1395ff) of the Social Security Act authorizes us to collect this information. We will use the information you provide to continue processing your claim. The information you provide on this form is voluntary. However, failure to provide all or part of the requested information could prevent us from making an accurate and timely decision on your claim.

We rarely use the information you provide on this form for any purpose other than for the reasons explained above. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records(e.g., to the Government Accountability Office, General Services Administration, National Archives Records Administration, and the Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded and administered benefit programs for repayment of payments or delinquent debts under these programs. The law allows us to do this even if you do not agree to it.

A complete list of routine uses for this information is available in our System of Records Notice entitled, Claims Folder System, 60-0089. This notice, additional information regarding this form, and information regarding our programs and systems, are available on-line at www.socialsecurity.gov or at any Social Security office.