

**WAIVER OF YOUR RIGHT TO PERSONAL APPEARANCE BEFORE AN ADMINISTRATIVE LAW JUDGE**

Claimant	Wage Earner (Leave blank if same as claimant)	Social Security Claim Number  - -
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**NOTE: Please read the PRIVACY ACT statement on reverse and the statements below. Then, print, write, or type your response to the statements in the space provided below. If you need more space, attach a separate page to this form.**

- I have been advised of my right to appear in person before an Administrative Law Judge. I understand that my personal appearance before an Administrative Law Judge would provide me with the opportunity to present written evidence, my testimony, and the testimony of other witnesses. I understand that this opportunity to be seen and heard could be helpful to the Administrative Law Judge in making a decision.
- Although my right to a personal appearance before an Administrative Law Judge has been explained to me, I do not want to appear in person. I want to have my case decided on the written evidence. The reason I do not want to appear in person at a hearing is:

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- I understand that if I do not appear before an Administrative Law Judge, I still have the right to present a written summary of my case, or to enter written statements about the facts and law material to my case in the record.
- If I change my mind and decide to request a personal appearance before the Administrative Law Judge, I understand that I should make this request to the Hearing Office **before** the decision of the Administrative Law Judge is mailed to me.
- I understand that I have a right to be represented and that if I need representation, the Social Security office or hearing office can give me a list of legal referral and service organizations to assist me in locating a representative.

SIGNATURE OF CLAIMANT (OR AUTHORIZED REPRESENTATIVE)	DATE
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## PRIVACY ACT NOTICE

See Revised Privacy Act Statement Attached

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1), as appropriate) authorizes the collection of information on this form. We will use the information you provide to determine if your claim may be decided without an oral hearing. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. 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; 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.

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 2 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

***SSA will insert the following revised Privacy Act and PRA Statements into the form at its next scheduled reprinting:***

Certification of Contents of Document(s) or Record(s), HA-4608  
Privacy Act Statement  
Collection and Use of Personal Information

Sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) of the Social Security Act, as amended, [42 U.S.C. 405 (a), 902, 1383(e)(1)(A), and (B), and 1395ff(b)(1)] authorize us to collect this information. We will use the information you provide to help us determine if your claim may be decided without an oral hearing. The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent you from receiving benefits under the Social Security Act.

We rarely use the information you provide on this form for any purpose other than for 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 and 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 or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of routine uses for this information is available in our Systems of Records Notices entitled, Quality Review of Hearing/Appellate Process, 60-0213 and Claims Folder System, 60-0089. The notices, additional information regarding this form and information regarding our system and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

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