| aimant | | Wage Earner (Leave blank if same as claimant) | Social Security Claim Number |
|-------------------|---|---|--|
| NOTE: | DTE: Please read the PRIVACY ACT statement on reverse and the statements below. Then, print, wri or type your response to the statements in the space provided below. If you need more space, attach a separate page to this form. | | |
| persor written | al appearance before an A evidence, my testimony, a | appear in person before an Administrative Law dministrative Law Judge would provide me with nd the testimony of other witnesses. I understa to the Administrative Law Judge in making a de | n the opportunity to present and that this opportunity to be |
| not wa | | opearance before an Administrative Law Judge ant to have my case decided on the written evid s: | |
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| l unde | stand that if I do not appea | ur before an Administrative Law Judge, I still ha | ve the right to present a written |
| If I cha | 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. | be represented and that if I need representation | |
| hearing | g office can give me a list o entative. | f legal referral and service organizations to ass | ist me in locating a |

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 it 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, 1388 Annex Building, Bultimore, 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 or at any local Social Security office.

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