

**REQUEST TO DECISION REVIEW BOARD TO VACATE THE ADMINISTRATIVE LAW JUDGE
DISMISSAL OF HEARING**

(Take or mail the signed original to your local Social Security Office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post. Please keep a copy for your records)

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT
3. SOCIAL SECURITY CLAIM NUMBER	4. SUPPLEMENTAL SECURITY INCOME (SSI) CLAIM NUMBER
5. SPOUSE'S NAME (Complete ONLY in SSI cases)	6. SPOUSE'S SOCIAL SECURITY NUMBER (Complete ONLY in SSI cases)
7. Type of Disability Claim: <input type="checkbox"/> Title II Disability <input type="checkbox"/> Supplemental Security Income	

8. I request that the Decision Review Board review the Administrative Law Judge's dismissal action on the above claim because:

WRITTEN STATEMENT AND/OR ADDITIONAL EVIDENCE

- o You may submit a written statement to the Decision Review Board with this request for review. The written statement may be no more than 2,000 words. If it is typed, it must be 12 point font or larger. The written statement should briefly explain why you disagree with the Administrative Law Judge's action.
- o You may submit evidence to show why you think the Administrative Law Judge should not have dismissed your request for hearing. The Decision Review Board will accept only evidence that is relevant to the dismissal issue.
- o Neither written statements nor additional evidence will be considered by the Decision Review Board if they are submitted after you request review.

IMPORTANT: Write your Social Security Claim Number on any letter or material you send us.

SIGNATURE BLOCKS: You should complete No. 9 and your representative (if any) should complete No. 10. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 10.

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

9. CLAIMANT'S SIGNATURE DATE	10. REPRESENTATIVE'S SIGNATURE <input type="checkbox"/> Attorney <input type="checkbox"/> Non-Attorney
PRINT NAME	PRINT NAME
ADDRESS	ADDRESS
(CITY, STATE, ZIP CODE)	(CITY, STATE, ZIP CODE)
PHONE NUMBER () -	FAX NUMBER () -
PHONE NUMBER () -	FAX NUMBER () -

THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART

11. Request received for the Social Security Administration on _____ by: _____
[Date] [Print Name]

Title:	Address:	Servicing FO Code:
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12. Is the request for review received within 65 days of the ALJ's Notice Denying Request to Vacate Dismissal?

Yes No

13. If "No" checked: (1) attach claimant's explanation for delay; and
(2) attach copy of appointment notice, letter or other pertinent material or information in the Social Security Office

PAPERWORK/PRIVACY ACT NOTICE

The information requested on this form is authorized by the Social Security Act, sections 205(a) and 1631(e)(A) and (B) (42 U.S.C. § 405(a) and 1382(e) (A) and (B)), and Title 20 CFR 405.1, 405.380, 405.381, 405.383, and 405.427. The information provided will be used to begin a review by the Decision Review Board of an Administrative Law Judge's dismissal of a request for hearing and refusal to vacate that dismissal action. Your response to the questions on this form is voluntary; however, the Social Security Administration (SSA) cannot review the dismissal action on your claim unless the information is furnished. While the information you furnish on this form would almost never be used for any purpose other than making a determination on the propriety of the dismissal action, such information may be disclosed by SSA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary for administrative purposes or as authorized by routine uses in the applicable Privacy Act system of records. For example, SSA may disclose information to other agencies such as the Government Accountability Office or to the Department of Veterans Affairs to comply with Federal Laws requiring the release of information from our records. SSA may also use the information you give us when we match records by computer. Matched programs compare SSA 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 SSA to do this even if you do not agree to it. Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security office.

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 30 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is 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.