ACKNOWLEDGEMENT OF RECEIPT (NOTICE OF HEARING)
(COMPLETE THIS FORM AND RETURN IT AT ONCE IN THE ENVELOPE PROVIDED. NO POSTAGE IS NECESSARY)

Claimant: [Claimant Name]	Social Security Number: [Claimant SSN]
Wage Earner: [Wage Earner]	Administrative Law Judge:
Hearing Scheduled: [Hearing Date and Time]	Hearing Office: [Hearing Office]
Location of Hearing: [Room] [Address]	

(Check only one)

<if not by phone>

[ ] **I will be present at the time and place shown on the Notice of Hearing.** If an emergency arises after I mail this form and I cannot be present, I will immediately notify you at the telephone number shown on the Notice of Hearing.
<endif>
<if phone>

[ ] **I will be available by phone at the time shown on the Notice of Hearing.** If an emergency arises after I mail this form and I am not available, I will immediately notify you at the telephone number shown on the Notice of Hearing.
<endif>
<if VTC>

[ ] **I do not want to appear at my hearing by video teleconference.** Please reschedule my hearing so that I may appear in person.
<endif>

[ ] **I cannot be present at the time and place shown on the Notice of Hearing.** I request that you reschedule my hearing because:

_____

_____

_____

NOTE: YOUR REQUEST FOR HEARING MAY BE DISMISSED IF YOU DO NOT ATTEND THE HEARING AND CANNOT GIVE A GOOD REASON FOR NOT ATTENDING. THE TIME OR PLACE OF THE HEARING WILL BE CHANGED IF YOU HAVE A GOOD REASON FOR YOUR REQUEST.

Signature:	Date:	Area Code and Telephone Number:

[ ] I have recently moved. My new address is:

_____

_____

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 and improvement of Social Security programs (e.g., to the Bureau of the Census).

We may also use the information you give us 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 of the information you provided us 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 your local 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 1 minute to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to*: *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send <u>only</u> comments relating to our time estimate to this address, not the completed form.***
<if VTC or phone><then>
        <if phone><then>
        Form **HA 504-OP2** (xx-20xx) ef (xx-20xx)
        <else>
        Form **HA 504-OP1** (09-2003) ef (10-2004)
        <endif>
<else>
Form **HA 504** (09-2003) ef (10-2004)
<endif>