WAIVER OF YOUR RIGHT TO PERSONAL APPEARANCE BEFORE A JUDGE				
Claimant		Wage Earner (Leave blank if same as claimant)	Social Security Claim Number	
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.				
befor testin	I have been advised of my right to appear in person before a judge. I understand that my personal appearance before a 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 judge in making a decision.			
perso	Although my right to a personal appearance before a 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:			
		r before a judge, I still have the right to present ut the facts and law material to my case in the		
	If I change my mind and decide to request a personal appearance before the judge, I understand that I should make this request to the office conducting the hearing before the judge's decision is mailed to me.			
office		be represented and that if I need representation give me a list of legal referral and service orga		
SICNATII	DE OF CLAIMANT (OP ALITHO	DIZED DEDDESENTATIVE)	DATE	

PRIVACY ACT NOTICE

Sections 205(a), 1631(d)(i), 1631(e)(i)(ii), and 1869(b), of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to make a determination on your claim without an oral hearing.

See Revised Privacy Act Statement Attached

Furnishing us the information is voluntary. However, failing to provide us with all or part of the requested information may affect the decision on your claim.

We rarely use the information for any purpose other than for making a decision regarding continuing entitlement to benefits. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including, but not limited to the following:

- 1. To enable a third party or an agency to assist us in establishing rights to our benefits and coverage;
- To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
- 3. To make determinations for eligibility in similar heath and income maintenance programs at the Federal, State, and local level; and,
- 4. To facilitate statistical research, audit, and investigatory activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

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. We use the information from these programs to establish or verify a person's eligibility for federally funded and administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act Systems of Records Notices entitled, Hearing and Appeals Case Control System, 60-009 and Claims Folders Systems, 60-0089. These notices, additional information regarding our programs and systems are available on-line at www.socialsecurity.gov or at your 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 <u>Paperwork Reduction Act of 1995</u>. 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. **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.**

SSA will insert the following revised Privacy Act Statement into the form as soon as possible:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 1631(e), and 1869(b) of the Social Security Act, as amended, and 20 CFR 404.948(b)(1)(I), 404.956, 416.1448(b)(1)(i), and 416.1456 allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may affect the decision on your claim.

We will use the information to make a decision regarding continuing entitlement to benefits. We may also share your information for the following purposes, called routine uses:

- 1. To Federal, State, or local agencies that conduct business with the Social Security Administration (SSA) and the release of records is determined to be relevant and necessary to the litigation; and disclosure is compatible to the reason why the records were collected;
- 2. To third party contacts when additional information about the party filing the waiver is needed or verification of eligibility for benefits; and
- 3. To workers who are performing work for SSA as authorized by law and who technically do not have the status of Federal employees; and other Federal agencies for assisting SSA in the efficient administration of its programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-009, entitled Hearing and Appeals Case Control System; and 60-0089, entitled Claims Folders Systems. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.