



**SOCIAL SECURITY ADMINISTRATION**

Refer To: [Clmt SSN]  
[Clmt Name]

Office of Disability Adjudication and Review  
[Local Office Address]  
Tel: [Local Office Phone]/ Fax: [Local office  
Fax]

[Current Date]

[Clmt Name]  
[Clmt Address]

**NOTICE OF HEARING**

<if not Claimant by Phone>

**Please bring this notice with you, and arrive at least 30 minutes prior to your hearing**

You may also review your file on the day of your hearing if you come in at least 60 minutes before the time set for your hearing. Please call us in advance if you will need more than 30 minutes to review your file.

<end if>

I have scheduled your hearing for:

**Day:** [Day]                      **Date:** [Date]                      **Time:** [Time]

<if claimant hearing by phone>

I will conduct your hearing by telephone because we have found that you cannot appear in person, and video conferencing is not available. On the date and at the time listed above, I will call you at the telephone number in our file. The number is [Claimant Phone]. If this is not the correct telephone number, please call this office immediately.

<else>

**Room:** [Room]                      **Address:** [Address]

<end if>

**It Is Important That You** <if Child SSI and Child Presence selected>, **and Your Child,** <end if> **Attend Your Hearing**

I have set aside this time for you to tell me about your case. If you do not attend the hearing and I do not find you have a good reason, I may dismiss your request for hearing. I may do so without giving you further notice.

<if Child SSI and Child Presence selected>

**Please bring someone to care for your child, since your child may not need to be present for the entire hearing.**

<end if>

\*<if not Claimant Hearing by Phone>

You may ask us if you want to appear by telephone. I will grant your request if I find that extraordinary circumstances prevent you from appearing in person or by video teleconferencing. <end if>\*

<if not Claimant by Phone>

You **must** bring valid picture identification (ID) to your hearing. Examples of acceptable picture ID include a:

- **Current and valid U.S. State driver's license;**
- **U.S. State-issued identity card;**
- **Current U.S. passport; or**
- **U.S. military ID/dependent military ID.**

If you do not have any of these forms of ID, please bring another form of picture ID with you. Proper ID is also required for your representative (if you have one), a friend, or a member of your family who comes with you to the hearing. Without proper ID, you may not be able to enter the building where your hearing is being held. This could stop or delay your hearing.

<end if>

<if remind claimant to bring medications is checked>

<if not Claimant by Phone> Please bring all of your current medications to your hearing.

<else>

Please have all of your current medications available for your hearing. <endif>

<endif>

<if remind claimant to bring info about work after AOD is checked>

If you worked since your illnesses, injuries, or conditions began, please <if claimant hearing by phone>have<else>bring<end if> all related documents <if claimant hearing by phone>for<else>to<end if> your hearing. This includes, but is not limited to, a copy of your pay stubs and a copy of your tax return for any year(s) worked.

<end if>

### **Complete the Enclosed Form**

Please complete and return the enclosed acknowledgement form at the earliest possible opportunity. Please use the enclosed envelope to return the form to us. We assume you received this notice 5 days after the date on it unless you show us that you did not get it within the 5-day period.[If claimant is represented, insert the following language immediately following the

language above] We sent your representative a copy of the acknowledgment form. Your representative also should return his or her copy of the form.

### **[If Claimant by VTC=Yes insert following]I Plan To Use Video Teleconferencing (VTC) At Your Hearing**

You are scheduled to appear at your hearing by video teleconference (VTC). You will be at the location shown above during the hearing, and I will be at another location. A large, color monitor will allow us to see, hear, and speak to each other. I will also be able to see, hear, and speak to anyone who comes with you to the hearing. This may include your representative (if you have one), a friend, or a member of your family. A person will be at your location to operate the equipment and provide any other help you may need.

### **If You Cannot Attend Your Scheduled Hearing**

If you are not able to attend your hearing at the time **<if not Claimant by Phone>** and place **<end if>** I have set, please call this office immediately.

**<if 405>**

~~If you wish to change the time **<if claimant hearing by phone>** of your hearing, **<else>** or place of your hearing, **<end if>** you must ask for a change no later than 30 days after you receive the Notice of Hearing. I will rule on your request based on our standards for deciding if there is a good reason for changing the time **<if not Claimant by Phone>** and place **<end if>** of a scheduled hearing. If you delay in asking for a change, I will also decide whether you have a good reason for the delay.~~

~~To request a change you must state why you object to the time **<if not Claimant by Phone>** or place **<end if>** set for your hearing. You also must state the time **<if not Claimant by Phone>** and place **<end if>** you want the hearing held. You must do this in writing.~~

**<else>**

If you wish to change the time **<if claimant hearing by phone>** of your hearing, **<else>** or place of your hearing, **<end if>** you must ask for the change. Your request must be in writing to tell me why you need the change and the time **<if not Claimant by Phone>** and place **<end if>** you would like the hearing held.

You must ask for this change before the earlier of the two dates described below. The first date is 30 days after you receive this notice. The second date is 5 days before the date of your hearing. If you delay in asking for a change, I will also decide whether you have a good reason for the delay. I will rule on your request based on our standards for deciding if there is a good reason for changing the time and place of your hearing.

I will decide whether you have a good reason for requesting the change. **<endif>** If I find you have a good reason for your request, I will set a new time **<if not Claimant by Phone>** and place **<end if>** for your hearing. I will also send another notice giving you the new time **<if**

~~not Claimant by Phone~~ and place ~~end if~~ of your hearing at least ~~if 405~~75 ~~else~~20 ~~endif~~60 days before the new date of the hearing.

### **~~if no Representative~~**

#### **If You Want Help With Your Appeal**

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee. Some representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. If you get a representative, you or that person must notify us in writing.

~~endif~~

#### **Submitting More Evidence and Reviewing Your File**

You are required to inform us about or submit all evidence known to you that relates whether or not you are blind or disabled. ~~if rep~~Your representative must help you inform us about or submit the evidence, unless the evidence falls under an exception. ~~endif~~ ~~if 405~~**If you are aware of or have more evidence, such as recent records, reports, or evaluations, you must inform me about it or give it to me no later than 5 business days before the date of your hearing. If you do not comply with this requirement, I may decline to consider the evidence unless the late submission falls within a limited exception.** ~~else~~ ~~If you are aware of or have more evidence, such as recent records, reports, or evaluations, please mail~~ ~~if Hearing or VTC~~ or bring ~~endif~~ that evidence to me as soon as possible. ~~If not Claimant by Phone~~ ~~If you cannot submit the evidence to me before the hearing, you may bring it to the hearing.~~ ~~endif~~ ~~Submitting evidence to me before the hearing can often prevent delays in reviewing your case.~~ ~~endif~~

If you want to see your file before the date of your hearing, please call this office and make arrangements. If your file is electronic, you may ask for a copy on a compact disc.

### **~~if Disability. Not Title XVI for Children selected~~**:

#### **Issues I Will Consider**

**<if NOT Age 18 or ChildSSI>**The hearing concerns your application of **<if Title II or (Title II and Title XVI)>**[Title II AppDate], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) **<elseif Title XVI>**[Title XVI AppDate], for Supplemental Security Income (SSI) under section 1614(a)(3) **<endif>** of the Social Security Act (the Act). **<if Title II and Title XVI>** The hearing also concerns your application of [Title XVI AppDate], for Social Security Income (SSI).**<endif>** I will consider whether you are disabled under **<if Title II>** sections 216(i) and 223(d) **<elseif Title II and Title XVI>**section 216(i), section 223(d), and section 1614(a)(3) **<elseif Title XVI>** section 1614(a)(3) **<endif>** of the Act.

**<elseif ChildSSI>**The hearing concerns your application of [Title XVI AppDate], for supplemental Security Income (SSI). I will consider whether you are disabled under section 1614(a)(3)(C) of the Social Security Act (the Act).

**<elseif Age 18>** I will decide whether you continue to be disabled. To decide this issue, I will determine whether you are disabled under section 1614(a)(3)(A) of the Social Security Act (the Act).

**<endif>**

Under the Act, I will find you disabled **<if Title II and Title XVI>**for those benefits or SSI **<endif>**if you have a physical or mental condition(s) **<if ChildSSI>**and: **<else>**that: **<endif>**

**<if ChildSSI>**

- You are not working;
- You have a condition(s) that causes marked and severe functional limitations; **and**
- Your condition(s) has lasted 12 straight months, can be expected to last 12 straight months, or can be expected to result in death.

**<else>**

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

**<endif>**

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- **<if NOT Age 18>**Any work you have done after your condition(s) began; **<endif>**

- The severity of your condition(s); **<if ChildSSI>** and
- Whether your condition(s) meets or medically equals the requirements of a listed impairment in Appendix 1 of Subpart P of our regulations or functionally equals the listings.

**<else>**

- Whether you can do the kind of work **<if Age 18>**, if any, **<endif>** you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

**<endif>**

**<if Title II or (Title II and Title XVI)>** I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.**<endif>**

**<if inform claimant that DLI in the past is checked>**

Our records indicate that your date last insured is **[CLMINFO.DLI]**. If this is correct, I must decide whether you became disabled on or before that date.

**<endif>**

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, **<if Title II>**Part 404, Subpart B and Subpart P**<elseif Title XVI>** Part 416, Subpart I **<elseif Title II and Title XVI>** Part 404, Subpart B, Subpart P and Part 416, Subpart I **<endif>**.

**<if ChildSSI and Child Presence selected>**

**The child should be present at this hearing so I can consider the case fully.**

**<endif>**

## **If Continuance of Disability.Not Title XVI for Children radio button selected**

### **Issues I Will Consider**

I will decide whether **<if Title II selected>** your disability has ended **<elseif Title XVI or Title II and Title XVI selected>** you continue to be disabled **<endif>**. To decide this issue, I will apply the standard stated in section **<if Title II>** 223(f) **<elseif Title XVI>** 1614(a)(4) **<elseif Title II and Title XVI>** 223(f) and 1614(a)(4) **<endif>** of the Social Security Act. The ALJ will consider:

- Whether there has been any medical improvement relating to your ability to work since we last found you disabled; **and**
- Whether one of the exceptions to medical improvement stated in the Act and our regulations applies.

<if Title XVI or Title II and Title XVI>

In addition, if I decide that your disability ended, I will also determine whether you have again become disabled since then. <endif>

Our regulations explain the rules for deciding whether you are still disabled and, if not, when your disability ended. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part <if Title II> 404, Subpart P. <elseif Title XVI> 416, Subpart I. <elseif Title II and Title XVI> 404, Subpart P and Part 416, Subpart I. <endif>

### **If SSI Child's CDR Case radio button is selected**

#### **Issues I Will Consider**

I will decide whether you continue to be disabled. To decide this issue, I will apply the standards stated in sections 1614(a) (3)(C), (a)(4)(B), and (c) of the Social Security Act. I will consider:

- Whether there has been any medical improvement in the impairment(s) that was present at the time of your most recent favorable determination or decision; **and**
- Whether your impairment(s) still meets, medically equals, or functionally equals the requirements of a listed impairment in Appendix 1 of Subpart P of our regulations; **and**
- Whether you are currently disabled, considering all current impairments.

In addition, I will also determine whether an exception to medical improvement applies.

<if Child SSI and Child Presence selected>

**The child should be present at this hearing so I can consider the case fully.**

<endif>

## **If General Hearing any Claim Type radio button selected:**

### **Issues I Will Consider**

#### **<if Overpayment Only>**

The general issues are whether you were overpaid benefits within the meaning of section 204/1631/204 and 1631 of the Social Security Act.

#### **<if Waiver of Overpayment only>**

The specific issues are whether you were “without fault” as defined in 20 CFR § 404.507/416.552/404.507 and 416.552 in causing the overpayment and, if so, whether recovery of the overpayment would (1) defeat the purpose of Title II/XVI/ II and Title XVI of the Act, as defined in 20 CFR § 404.508/416.553/§ 404.508 and 416.553, <if TII> or <endif> (2) be against equity and good conscience as defined in 20 CFR § 404.509/416.554/§ 404.509 and 416.554 <if TII> . <else>, or (3) impede efficient or effective administration of Title XVI due to the small amount involved as defined in 20 CFR § 416.555. <endif>

#### **<if Overpayment and Waiver of Overpayment>**

The general issues are whether you were overpaid benefits within the meaning of section 204/1631/204 and 1631 of the Social Security Act and, if so, whether recovery of the overpayment may be waived.

The specific issues are whether you were “without fault” as defined in 20 CFR § 404.507/416.552/§ 404.507 and 416.552 in causing the overpayment and, if so, whether recovery of the overpayment would (1) defeat the purpose of Title II/ XVI/ II and Title XVI of the Act, as defined in 20 CFR § 404.508/416.553/§ 404.508 and 416.553, <if TII> or <endif> (2) be against equity and good conscience as defined in 20 CFR § 404.509/416.554/§ 404.509 and 416.554 <if TII> . <else>, or (3) impede efficient or effective administration of Title XVI due to the small amount involved as defined in 20 CFR § 416.555.

#### **<if Title II Child Benefits>**

The general issue is whether you are entitled to child's insurance benefits within the meaning of section 202(d) of the Social Security Act.

The specific issues are whether you are dependent on the insured individual, or were dependent on the insured individual at the time of his or her death; you are unmarried; and whether the insured individual is fully insured, or was fully insured at the time of his or her death.

#### **<if Title II Widow's/Widower's Benefits>**



The general issue is whether you are entitled to widow's/widower's benefits under section 202(e)/202(f) of the Social Security Act.

The specific issues are whether you are the widow's/widower's based on a relationship described under 20 CFR §§ 404.345, 404.346 of a person who was fully insured when he or she died; whether the conditions under 20 CFR § 404.335 are met; whether you are at least 60 years old; and whether you are unmarried.

**<if Title II Wife's/Husband's Benefits>**

The general issue is whether you are entitled to wife's/divorced wife's/husband's/divorced husband's insurance benefits under section (202(b)) /(202(c)) of the Social Security Act.

The specific issue is whether you were the legal wife/divorced wife/husband/divorced husband of a fully insured wage earner. This will be determined by whether your relationship was one described in 20 CFR §§ 404.345, 404.346, and whether one of the conditions set forth under 20 CFR § 404.330 is met.

**<if Title XVI Non-Disability>**

The general issue is whether you are eligible for supplemental security income under sections 1602 and 1611 of the Social Security Act. The specific issue is whether you have income or resources in excess of the amount set by the regulations as the maximum allowable to be eligible for supplemental security income.

**<If Other>**

The hearing concerns **\*\*[INSERT PERSONALIZED LANGUAGE NOTING ANY APPLICATION(S) AND/OR THE PRINCIPAL ISSUES(S)]\*\***.

**\*\*[INSERT PERSONALIZED LANGUAGE SPECIFYING THE ISSUES.]\*\***

Our regulations explain the rules for deciding if you **\*\*[LANGUAGE DESCRIBING THE PRINCIPAL ISSUE(S)]\*\***. These rules appear in the Code of Federal Regulations, **\*\*[SPECIFY TITLE(S), CHAPTER(S), PART(S) AND SUBPART(S)]\*\***.

**<if Hearing Type is NOT General AND Continuance of Disability>**

**More About the Issues**

**<if text is entered in 'More Issues'>**

[More Issues]

**<endif>**

If I find that you have been disabled, I will also consider whether your disability continues through the date of the decision or whether your condition(s) has improved.

**<if DA&A is checked>**

If I find that you are disabled and that you have a substance use disorder (drug, alcohol, or both), I also will decide whether it is a contributing factor material to the determination of disability. This means I will decide whether you would be disabled if you were not using drugs or alcohol. If drug addiction or alcoholism is a contributing factor material to the determination of your disability, I will find you not disabled under Sections 223(d)(2), or 1614(a)(3), or 223(d)(2) and 1614(a)(3) of the Social Security Act.

**<endif>**

**<else if Hearing Type is General OR Continuance of Disability>**

**<if text entered into "More Issues" OR DA&A is checked>**

**More About the Issues**

**<if text is entered in 'More Issues'>**

[More Issues]

**<endif>**

**<if DA&A is checked>**

If I find that you are disabled and that you have a substance use disorder (drug, alcohol, or both), I also will decide whether it is a contributing factor material to the determination of disability. This means I will decide whether you would be disabled if you were not using drugs or alcohol. If drug addiction or alcoholism is a contributing factor material to the determination of your disability, I will find you not disabled under Sections 223(d)(2), or 1614(a)(3), or 223(d)(2) and 1614(a)(3) of the Social Security Act.

**<endif>**

**<endif>**

**<endif>**

**<if Expert(s) present>**

## Remarks

<if only VE > A vocational expert will testify at your hearing.

<if VE and VE VTC> A vocational expert will appear at the hearing by video teleconference.

\*<if VE and VE by phone> A vocational expert will appear at the hearing by telephone.

<if only ME1> A medical expert will testify at your hearing.

<if ME1 and ME1 VTC> A medical expert will appear at the hearing by video teleconference.

\*<if ME1 and ME1 by phone> A medical expert will appear at the hearing by telephone.

<if only ME2> A second medical expert will testify at your hearing.

<if ME2 and ME2 VTC> A second medical expert will appear at the hearing by video teleconference.

\*<if ME2 and ME2 by phone> A second medical expert will appear at the hearing by telephone.

<if Clamant at VTC Site> You will be able to communicate with the expert<if more than one expert>s<endif>.

<if Clamant at VTC Site> You have a right to review the claim file. If you have not already reviewed the file or arranged to do so, please call this office at the number shown at the top of the first page of this notice.

\*\*[PersonalizedRemarks]\*\*

<endif>

<If non-405>~~If You Disagree With the Issues~~

~~If you disagree with the issues or remarks listed above, you must tell me in writing why you disagree. To prevent delays, you must tell me as soon as possible.~~

<elseif 405>**If You Have Objections**

If you object to the issues or remarks listed above, you must tell me in writing why you object. You must tell me as soon as possible before the hearing, but not later than 5 business days before the date of the hearing. You must state the reason(s) for your objection.

<endif>

## Your Right To Request a Subpoena

I may issue a subpoena that requires a person to submit documents or testify at your hearing. I will do this if the person has evidence or information that you reasonably need to present your case fully.

If you want me to issue a subpoena, you must write to me as soon as possible. I must receive your request no later than `<if 405> 10 <else> 5 <endif>` days before your hearing. In your request, please tell me:

- What documents you need and/or who the witnesses are;
- The location of the documents or witnesses;
- The important facts you expect the document or witness to prove; and
- Why you cannot prove these facts without a subpoena.

### **What Happens At the Hearing?**

- I will ask you and any other witnesses to take an oath or to affirm that the testimony is true.
- You will have a chance to testify and tell me about your case.
- `<If non 405>` You and your representative (if you have one) may submit documents, present and question witnesses, state your case, and give written statements about the facts and law. You must provide your written statements no later than 5 business days before the date of your hearing. `<endif>`
- I will ask you and any other witnesses questions that will help me make a decision in your case.
- We will make an audio recording of the hearing.

`<if not Claimant Hearing by Phone>`

### **Travel Costs**

We can pay certain travel costs when you, your representative, or needed witnesses must travel more than 75 miles to the hearing. A sheet is enclosed to tell you about our rules for paying travel costs. Please call this office if you want more information.

`<end if>`

### **The Decision**

After the hearing, I will issue a written decision and mail it to you. The decision will explain my findings of fact and conclusions of law. I will base my decision given all the evidence of record, including the testimony at your hearing.

**If You Have Any Questions**

If you have any questions, please call, [Local Office Phone], or write this office. For your convenience, our address is on the first page of this notice.

Sincerely,

[ALJ Name]  
Administrative Law Judge

Enclosures: Possible ones listed below

**Claimant**  
**Form HA-L23 (Restriction Reminder)**

YRTR

HA-504

<if rep=yes, do not include> 4631 <endif>

<if rep=yes, do not include> 4632 <endif>

<if rep=yes, do not include> 4633 <endif>

VE Letter

ME1 Letter

ME2 Letter

**Rep**

**Form HA-L23-SP (Restriction Reminder) Notice Spanish**

EDCP

HA-504 Claimant Hearing by Phone

HA-504 Spanish

HA-504

4631

4632

4633

VE Letter

ME1 Letter

ME2 Letter

BarCode Sheet

[If Rep present]

cc: [Rep Name]  
[Rep Address]

Form HA-83 (04-2015)

<if not Claimant Hearing by Phone>

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### When we can pay travel expenses

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If you must travel more than 75 miles one way from your home or office to attend the hearing, we can pay certain costs. Here are the rules that apply:

- We can pay expenses such as the cost of a bus ticket or expenses for driving your car.
- In certain circumstances, you may need meals, lodging, or taxicabs. The Administrative Law Judge (ALJ) must approve these special travel costs **before the hearing unless** the costs were unexpected and unavoidable.
- The ALJ may also approve payment of travel expenses for your representative and any witnesses he or she determines are needed at the hearing.
- You must submit a written request for payment of travel expenses other than meals, lodging, or taxicabs to the ALJ at the time of the hearing or as soon as possible after the hearing. List what you spent and include supporting receipts. If you requested a change in the scheduled location of the hearing to a location farther from your residence, we cannot pay you for any **additional** travel expenses.
- If you need money for travel costs in advance, you should tell the ALJ as soon as possible **before the hearing**. We can make an advance payment only if you show that without it you would not have the funds to travel to or from the hearing.
- If you receive travel money in advance, you must give the ALJ an itemized list of your actual travel costs and receipts within 20 days after your hearing.
- If we gave you an advance payment that is more than the amount you are due for travel costs, you must pay back the difference within 20 days after we tell you how much you owe us.
- If we reimburse you for travel costs we follow the rules in the Code of Federal Regulations and apply the same rates and conditions of payment that govern travel expenses for Federal employees. 41 CFR Chapter 301 and 20 CFR 404.999a-999d/20 CFR 416.1495-1499/20 CFR 404.999a-999d, 416.1495-1499.

<end if>