

REQUEST FOR REVIEW OF HEARING DECISION/ORDER

**See
Privacy Act
Notice**

(Do not use this form for objecting to a recommended ALJ decision.)

(Either mail the signed original form to the Appeals Council at the address shown below, or take or mail the signed original to your local Social Security office, the Department of Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service Post and keep a copy for your records.)

1. CLAIMANT NAME	2. CLAIMANT SSN	3. CLAIM NUMBER (If different than SSN)
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4. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because:

Please grant me an extension of time to submit evidence or argument.

ADDITIONAL EVIDENCE

If you have additional evidence that relates to the period on or before the date of the hearing decision, you must inform the Appeals Council about it or submit it. If you have a representative, then your representative must help you obtain the evidence unless the evidence falls under an exception. You may also submit any other additional evidence to the Appeals Council. The Appeals Council will consider additional evidence subject to the conditions specified in our rules -which the Appeals Council will consider under our rules. If you need additional time to submit evidence or legal argument, you must request an extension of time in writing now. ~~This will ensure that the Appeals Council has the opportunity to consider the additional evidence before taking its action.~~ If you submit neither evidence nor legal argument now or within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence currently in your file.

IMPORTANT: WRITE YOUR SOCIAL SECURITY NUMBER ON ANY LETTER OR MATERIAL YOU SEND US. IF YOU RECEIVED A BARCODE FROM US, THE BARCODE SHOULD ACCOMPANY THIS DOCUMENT AND ANY OTHER MATERIAL YOU SUBMIT TO US.

SIGNATURE BLOCKS: You should complete No. 5 and your representative (if any) should complete No. 6. 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. 6.

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.

5. CLAIMANT'S SIGNATURE	DATE	6. REPRESENTATIVE'S SIGNATURE	DATE
PRINT NAME		PRINT NAME <input type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY	
ADDRESS CITY, STATE, ZIP		ADDRESS CITY, STATE, ZIP	
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX NUMBER

THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART

7. Request received for the Social Security Administration on _____ by: _____
(Date) (Print Name)

(Title) (Address) (Servicing FO Code) (PC Code)

8. Is the request for review received within 65 days of the ALJ's Decision/Dismissal? Yes No

9. 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.

<p>10. Check one:</p> <p><input type="checkbox"/> Initial Entitlement</p> <p><input type="checkbox"/> Termination or other</p>	<p>11. Check all claim types that apply:</p> <p><input type="checkbox"/> Retirement or survivors (RSI)</p> <p><input type="checkbox"/> Disability-Worker (DIWC)</p> <p><input type="checkbox"/> Disability-Widow(er) (DIWW)</p> <p><input type="checkbox"/> Disability-Child (DIWC)</p> <p><input type="checkbox"/> SSI Aged (SSIA)</p> <p><input type="checkbox"/> SSI Blind (SSIB)</p> <p><input type="checkbox"/> SSI Disability (SSID)</p> <p><input type="checkbox"/> Title VIII Only (SVB)</p> <p><input type="checkbox"/> Title VIII/Title XVI (SVB/SSI)</p> <p><input type="checkbox"/> Other-Specify:</p>
<p>APPEALS COUNCIL OFFICE OF DISABILITY ADJUDICATION AND REVIEW, SSA 5107 Leesburg Pike FALLS CHURCH, VA 22041 - 3255</p>	

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

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 (OMB) control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.***

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) and 1631(d)(1) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent a review by the Appeals Council of an administrative law judge's hearing decision or dismissal of a hearing request.

We will use the information to document the claimant's request for a review. We may also share the information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs; and,
2. To applicants, claimants, prospective applicants or claimants, other than the data subject, their authorized representatives or representative payee to the extent necessary to pursue Social Security claims.

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 Notices (SORNs) 60-0005, entitled Administrative Law Judge Working on Claimant Cases and 60-0089, entitled Claims Folders System. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.