

SOCIAL SECURITY ADMINISTRATION  
Office of Disability Adjudication and Review

IN THE CASE OF

CLAIM FOR

\_\_\_\_\_  
(Claimant)

\_\_\_\_\_  
(Wage Earner)

\_\_\_\_\_  
(Social Security Number)

**OPTION TO ACCEPT AN EARLIER HEARING**  
**WAIVER OF TIMELY WRITTEN NOTICE OF HEARING**

I understand that the Social Security Administration (SSA) is required to send me a notice of hearing at least 75 days before the date set for the hearing. However, if a hearing time becomes available in less than 75 days, I want an option to accept that earlier hearing time. I understand that if I accept an earlier hearing time, SSA will tell me the date and time of my hearing less than 75 days before the date my hearing will be held.

I waive my right to a notice of hearing postmarked at least 75 days before the date of the hearing. I wish to have the option to accept a hearing time:

as soon as possible; or

at least 7 calendar days after SSA contacts me.

I must inform SSA about or submit all evidence known to me that relates to whether or not I am blind or disabled. I must do this at least 5 business days prior to the date of hearing. I understand that the administrative law judge may not accept evidence that I inform SSA about or submit less than 5 days prior to the hearing, unless I provide a good reason.

If I am given the option to attend an earlier hearing and decline, I understand that it will not delay the scheduling of my case, and SSA will send me a notice of hearing at least 75 days before the date of the hearing. If I accept an earlier hearing time, and do not appear for that hearing, I understand that SSA may dismiss my request for a hearing.

Under 20 CFR 404.938 and/or 20 CFR 416.1438, where applicable, I am entitled to receive a 75 day advance written notice of the hearing in my case. Having been fully advised of such right, I hereby waive the 75 day advance notice requirement.

\_\_\_\_\_  
(Signature)

~~(Street Address)~~

~~(City, State, and Zip Code)~~

~~(Area Code and Telephone Number)~~

Date: \_\_\_\_\_

Claimant Signature:

Date:

Address:

Area Code and Telephone Number:

Form **HA-510-OPI**

Privacy Act Statement  
Collection and Use of Personal Information

Sections 205(b), 205(d), and 1631(c) 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 us from completing the hearing process.

We will use the information to document your waiver of rights to receive written notice of the hearing in your case. We may also share your information for the following purposes, called routine uses:

1. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs; and
2. To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for SSA as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned Agency functions.

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 (SORN) 60-0005, entitled Administrative Law Judge Working File on Claimant Cases 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](http://www.socialsecurity.gov/foia/bluebook).

**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 2 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.*