

Request for Change in Time/Place of Disability Hearing

Name of Claimant		(DO NOT WRITE IN THIS SPACE)
Name of Wage Earner or Self-Employed Person	Social Security Number	
Spouse's Name and Social Security Number (Complete only if Supplemental Security Income Case)		

Type of Benefit:	Disability			SSI		
	<input type="checkbox"/> Worker	<input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Child	<input type="checkbox"/> Disability	<input type="checkbox"/> Blind	<input type="checkbox"/> Child

Name of Representative, if any	
Representative's Address	Telephone Number (Include area code)

Hearing Currently Scheduled

Date	Time	Place
Request	<input type="checkbox"/> A postentitlement of _____ days from the scheduled hearing date	<input type="checkbox"/> A different place of hearing (specify place) _____

The reason for my request is:

Signature (First name, middle initial, last name) (Write in ink) SIGN HERE	Date (Month, Day, Year)	Telephone Number (Include area code)
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Mailing Address (Number and street, Apt. No., P.O. Box, or Rural Route)

City and State	ZIP Code
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Witnesses are required ONLY if this form has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person requesting reconsideration must sign below, giving their full addresses.

1. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

2. Signature of Witness

Address (Number and Street, City, State, and ZIP Code)

~~Privacy Act Statement~~
~~Collection and Use of Personal Information~~

See Revised Privacy Act and
PRA Statements Attached

~~Section 205(b) of the Social Security Act, as amended, allows us to collect this information. We will use the information you provide to attempt to reschedule a disability hearing based on good cause, eligibility, and availability.~~

~~Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from receiving a new time or place of the hearing.~~

~~We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs, including sharing information:~~

- ~~1. 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); and,~~
- ~~2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).~~

~~A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices, 60-0009, entitled Hearings and Appeals Case Control System, and 60-0010, entitled Hearing Office Tracking System of Claimant Cases. Additional information about these and other system of records notices and our programs is available from our Internet website at www.socialsecurity.gov or at your local Social Security office.~~

~~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. 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 incorrect payments or delinquent debts under these programs.~~

~~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 20 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 and PRA Statements into the form as soon as possible:

**Privacy Act Statement
Collection and Use of Personal Information**

Section 205(b) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from receiving a new time and location for your disability hearing.

We will use the information you provide to determine whether to reschedule a disability hearing based on good cause, eligibility, and availability. We may also share your information for the following purposes, called routine uses:

- To a congressional office in response to an inquiry from that office made at the request of the subject of a record; and
- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for the Social Security Administration (SSA), as authorized by.

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) 60-0009, Entitled Hearing and Appeals Case Control System, as published in the Federal Register (FR) on October 13, 1983, at 47 FR 45589 and 60-0010, entitled Hearing Office Tracking System of Claimant Cases, as published in the FR on January 11, 2006, at 71 FR 1806. Additional information, and a full listing of all our SORNs, is available on our website at <https://www.ssa.gov/privacy>.

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