

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.

- 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.
- 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:

- I understand that if I do not appear before a judge, I still have the right to present a written summary of my case, or to enter written statements about the facts and law material to my case in the record.
- 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.
- I understand that I have a right to be represented and that if I need representation, the Social Security office or office conducting the hearing can give me a list of legal referral and service organizations to assist me in locating a representative.

SIGNATURE OF CLAIMANT (OR AUTHORIZED REPRESENTATIVE)	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.

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;
2. 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 health 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 Paperwork Reduction Act of 1995. 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.*