SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0277

REQUEST FOR REVIEW OF HEARING DECISION/ORDER

(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.)

See Privacy Act Notice

1. CLAIMANT NAME	2. CLAIMANT SSN	3. CLAIM NUMBER (If different than SSN)

4. I request that the Appeals Council review the 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. 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 ☐ ATTORNEY ☐ 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 _____ (Date) by: _____ (Print Name)

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

8. Is the request for review received within 65 days of the Judge'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.

10. Check one:
☐ Initial Entitlement
☐ Termination or other

11. Check all claim types that apply:
APPEALS COUNCIL
Retirement or survivors

Disability-Worker Disability-Widow(er) Disability-Child (RSI) (DIWW) (DIWC)

SSI Aged (SSIA)

OFFICE OF APPELATE OPERATIONS, SSA
5107 Leesburg Pike
FALLS CHURCH, VA 22041 - 3255

SSI Blind (SSIB)
SSI Disability (SSID)
Title VIII Only (SVB)
Title VIII/Title XVI (SVB/SSI)
Other - Specify:

Form **HA-520-U5** (01-2016) UF (01-2016)
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TAKE OR SEND ORIGINAL TO SSA AND RETAIN A COPY FOR YOUR RECORDS

Privacy Act Statement
Request for Review of Hearing Decision/Order

Sections 205(a), 702, 1631(e), and 1869(b) and (c) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to complete our claims process.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent the continued processing of your claim.

We rarely use the information you supply for any purpose other than to complete our claims process. 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 assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices 60-0005, entitled Administrative Law Judge Working Files and 60-0089, entitled Claims Folder. Additional information about these and other system of records notices and our programs is available from our Internet website at www.socialsecurity.govor at your local Social Security office.

We may share the information you provide to other health agencies through 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 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 10 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). ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to*****:** *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401****.***