

Office of Disability Adjudication and Review

Date:

**REQUEST TO SHOW CAUSE FOR FAILURE TO APPEAR**

Claimant:	Wage Earner:	Social Security Claim Number:
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**NOTE: Please read the PRIVACY ACT statement on the reverse page and the statements below.**

You requested a hearing with an administrative law judge (ALJ). We scheduled a hearing for you for \_\_\_\_\_ at \_\_\_\_\_.

**You did not come to your hearing or contact us to explain why you could not attend.**

If you still want an ALJ to hold a hearing on your claim, you may explain in writing why you did not come to your hearing. You may print, write, or type your explanation in the space provided. You may include another page if you need more space. Attach all supporting documentation. You must send your explanation to us **within 10 days** from the date of this notice.

An ALJ will review your explanation. The ALJ will use rules in the Code of Federal Regulations to decide if your explanation shows that you had a good reason for missing your hearing.

- **If the ALJ decides that you had a good reason for missing your hearing, we will schedule another hearing for you.**
- **If the ALJ decides that you did not have a good reason for missing your hearing, and your representative also did not come to your hearing, the ALJ will decide your claim based on the evidence in your file.**
- **If the ALJ decides that you did not have a good reason for missing your hearing, but your representative came to your hearing, the ALJ will decide your claim based on the evidence in your file.**

**If you do not return this form, or the ALJ decides that you did not have a good reason for missing your hearing, the ALJ will decide your claim based on the evidence in your file.**

I did not come to the hearing because:

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Mail your explanation to: Office of Disability Adjudication and Review,

If you have any questions, you may call

SIGNATURE OF CLAIMANT (OR AUTHORIZED REPRESENTATIVE)	DATE
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## Privacy Act Statement Collection of Personal Information

Sections 205, 1631(d)(1), and 1872 of the Social Security Act, as amended, authorize us to collect this information. We will use this information to evaluate your reason for failing to appear at your scheduled hearing.

Please See Revised Privacy Act Statement Attached

Furnishing us this information is voluntary. However, failing to provide us with all or part of the requested information may affect our ability to re-evaluate the decision on your claim.

We rarely use the information you supply for any purpose other than for determining problems in Social Security programs. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include, but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal Laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and the Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs as at the Federal, State, and local level; and
4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of Social Security programs.

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 payments or delinquent debts under these programs.

A complete use of routine uses for this information is available in our Systems of Records Notices, 60-0009, Hearings and Appeals Case Control System, and 60-0010, Hearing Office Tracking System of Claimant Cases. These notices, additional information regarding our programs and systems, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local 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 (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, 1631(d)(1), and 1872 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 affect our ability to reevaluate the decision on the benefit eligibility of the named claimant.

We will use the information to evaluate the reason for failing to appear at the scheduled hearing. We may also share your information for the following purposes, called routine uses:

1. To a congressional office in response to an inquiry from that office made at the request of the subject of a record; and
2. To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his/her affairs or his/her eligibility for or entitlement to benefits under the Social Security program when the individual is unable to provide information being sought. An individual is considered to be unable to provide certain types of information when he/she is incapable of or questionable mental capability; he/she cannot read or write; a language barrier exists; or the data are needed to establish the validity of evidence to verify the accuracy of information presented by the individual, and it concerns his/her eligibility for benefits under the Social Security program.

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 Notice (SORN) 60-0320, entitled Electronic Disability (eDIB) Claim File. Additional information and a full listing of all our SORNs are available on our website at [www.ssa.gov/privacy/sorn.html](http://www.ssa.gov/privacy/sorn.html).