

## Objection to Appearing by Audio or Agency Video

Claimant's Name:

Social Security Number:

Wage Earner:

Hearing Office:

### Completing This Form Is Optional

We will schedule your hearing for the earliest possible date. We will schedule you to attend your hearing in one of the following ways: (1) by audio using a telephone; (2) by agency video using our video equipment; (3) by online video using a personal electronic device (such as a smartphone, tablet, or computer); or (4) in person.

You can object to attending your hearing by audio or agency video by completing this form. If you are willing to attend your hearing by audio or agency video, you do not need to complete this form. We will not schedule you to attend your hearing by online video unless you agree to attend in that way. We sent you a different form that you can use to tell us that you agree to attend by online video.

Complete and return this form **only if** you **object** to attending your hearing by Audio or Agency Video.

**Only complete this section if you do not want to attend your hearing by Audio or Agency Video.**  
**You can check more than one box.**

- I DO NOT want to attend by Audio (using a telephone) in a private location I choose.
- I DO NOT want to attend by Agency Video using agency video equipment in an agency office.

Additional Comments:

Signature:

Date:

---

**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, which we will use to acknowledge your decision to object to attending your hearing by audio, agency video, or both. Providing this information is voluntary, but not providing all or part of the information may result in us scheduling you to attend a hearing by audio or agency video. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, employers, and others, as outlined in the routine uses within System of Records Notice(s) (SORN) 60-0005, 60-0009, 60-0089, and 60-0320; available at [www.ssa.gov/privacy](http://www.ssa.gov/privacy). The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup 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 control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. *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.***

---