



SOCIAL SECURITY ADMINISTRATION

Refer To:
[ClaimantFirstName] [ClaimantMiddleName]
[ClaimantLastName] [ClaimantSuffix]

Office of Hearings Operations
[LocalOfficeCompleteAddress]
Tel: [LocalOfficePhone] / Fax:
[LocalOfficeFax]

[Today's Date]

</MainHeader2>

<NoticeHeaderGeneral>

<if OBO>

[OBOFirstName][OBOMiddleName][OBOLastName][OBOSuffix] on behalf of
[ClaimantFirstName][ClaimantMiddleName][ClaimantLastName][ClaimantSuffix]
[OBOCompleteAddress]

<elseif>

[ClaimantFirstName][ClaimantMiddleName][ClaimantLastName][ClaimantSuffix]
[ClaimantAddress]

<endif>

NOTICE OF HEARING

<if Claimant Hearing by phone=false> Please bring this notice with you, and arrive at least 30 minutes prior to your hearing. <endif>

I have scheduled your hearing for:

Day: [HearingDay] **Date:** [HearingDate] **Time:** [HearingTime]
[HearingTimeZone]

<if Claimant Hearing by Phone=true>

I will conduct your hearing by telephone because it is not possible for you to attend in person or by video teleconferencing, or other extraordinary circumstances prevent you from attending in person or by video teleconferencing. At the time of the hearing, I will call you at this telephone number: [ClaimantPhoneNumber]. If this is not the correct telephone number, please call this office immediately at [LocalOfficePhone].

<elseif>

<if hearing=in-person>

Room: [HearingRoom] **Address:** [HearingLocationCompleteAddress]

<elseif hearing=video>

Room: **Address:** [ClaimantHearingLocationCompleteAddress]

[ClaimantHearing
Room]

<endif>

<end if>

</NoticeHeaderGeneral>

<ItIsImportantHeadingGeneral>

It Is Important That You <if Child Testified=true> and Your Child, <endif> Attend Your Hearing

</ItIsImportantHeadingGeneral>

<ItIsImportantParaNew>

I have set aside this time for you to tell me about your case. If you <if Rep=true> and your representative <endif> do not attend the hearing, I may dismiss your request for hearing unless I find that you had a good reason for not attending. I may dismiss your request for hearing without giving you further notice.

<if Claimant Hearing by phone=false> You may ask us if you want to attend by telephone. We will schedule you to attend by telephone if we find that it is not possible for you to attend in person or by video teleconference, or other extraordinary circumstances prevent from attending in person or by video teleconference. <endif>

</ItIsImportantParaNew>

<if Claimant Hearing by phone=false>

<ItIsImportantParaPhone>

You **must** bring a valid current picture identification (ID) to your hearing. Examples of acceptable picture ID include a:

- **U.S. State driver's license;**
- **U.S. State-issued identity card;**
- **U.S. passport;**
- **U.S. military ID/dependent military ID; or**
- **Native American Tribal ID.**

If you do not have any of these forms of ID, please bring another form of picture ID with you. A valid picture ID is also required for your representative (if you have one), and anyone accompanying you to the hearing. Any person who does not have a valid picture ID may not be able to enter the building where your hearing is being held. Failure to provide a valid picture ID could stop or delay your hearing.

</ItIsImportantParaPhone>

<TheEnclosedAckForm>

Complete the Enclosed Form

Please complete and return to us the enclosed acknowledgement form using the enclosed envelope as soon as possible. <if Rep=true> We sent your representative a copy of the acknowledgment form. Your representative also should return his or her copy of the form.

<endif>

</TheEnclosedAckForm>

<IPlanToUseContd>

<If byVtc=true and byPhone=false>

I Plan To Use Video Conferencing (VTC) At Your Hearing

You are scheduled to attend your hearing by VTC. You will be at the location shown above during the hearing, and I will be at another location. We will be able to see, hear, and speak to each other during the hearing. I will also be able to see, hear, and speak to anyone else who participates in the hearing, including your representative (if you have one), a friend, or a family member. Someone will be at your location to operate the VTC equipment and provide any other help you may need.

<endif>

</IPlanToUseContd>

<IfYouCannotComeSchedHeader>

If You Cannot Attend Your Scheduled Hearing

</IfYouCannotComeSchedHeader>

<IfYouCannotComePara2>

If you cannot attend your hearing at the scheduled time <if Claimant Hearing by phone=false> and place <endif>, please call this office immediately at [LocalOfficePhone] to request a change. You must **also** submit your request in writing and tell us why you want us to change the time <if Claimant Hearing by phone=false> and place <endif> of your hearing.

If you object to the time <if Claimant Hearing by phone=false> or place <endif> of the hearing, you must notify us in writing at the earliest possible opportunity, but not later than 5 days before the date set for the hearing or 30 days after receiving notice of the hearing, whichever is earlier. We assume you received this notice 5 days after the date on the top of the notice, unless you show us that you did not get it within the 5-day period. If you miss the deadline for requesting a change, please tell us why you missed the deadline. I will extend the deadline for requesting a change if I find that you have good cause, as defined in our regulations, for the delay.

If I find that you have a good reason for the requested change, we will reschedule your hearing and will send you another notice at least 20 days before the date of the hearing. If I find that you do not have a good reason for the requested change, you must appear at the time

<if Claimant Hearing by phone=false> and place <endif> shown above or I may dismiss your request for hearing.

</IfYouCannotComePara2>

<if Rep=false>

If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee. Some representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. If you get a representative, you or that person must notify us in writing.

<endif>

<YouMaySubmit>

Submitting More Evidence and Reviewing Your File

You must inform us about or submit **all** evidence known to you that relates to whether or not you are blind or disabled. <if Rep=true> Your representative must help you submit information and evidence to us. <endif> **If you know about or have more evidence, such as recent medical records, reports, or evaluations, you must inform me about it or give it to me no later than 5 business days before the date of your hearing. If you miss this deadline, I may not consider the evidence when I decide your case.**

If you miss the deadline to inform me about or submit evidence, I will accept the evidence if I have not yet issued a decision and you missed the deadline because:

1. Our action misled you;
2. You had a physical, mental, educational, or linguistic limitation that prevented you from informing me about or submitting the evidence earlier; or
3. Some other unusual, unexpected, or unavoidable circumstance beyond your control prevented you from informing me about or submitting the evidence earlier.

If you want to see your file before the date of your hearing, please call this office at [LocalOfficePhone] to make arrangements to do so. <if Rep=true> If you have a representative, he or she may be able to access your file electronically. <endif>

</YouMaySubmit>

<if Claim Type = DIB, BIC=HA>

<IssueDIB>

Issues I Will Consider

The hearing concerns your application of [Title II Application Date], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act (the Act). I will consider whether you are disabled under sections 216(i) and 223(d) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 straight months, can be expected to last for 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past> Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B and Subpart P.

</IssueDIB>

<elseif Claim Type; SSI = DI and BIC = null>

<IssueSSI>

Issues I Will Consider

The hearing concerns your application of [Title XVI Application Date], for Supplemental Security Income (SSI) under section 1614(a)(3) of the Social Security Act (the Act). I will consider whether you are disabled under section 1614(a)(3) of the Act.

Under the Act, I will find you disabled if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**
- Has lasted 12 straight months, can be expected to last 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 416, Subpart I.

</IssueSSI>

<elseif Claim Type = DIB&SSI (SSI=AI/AS/DI/DS/BI/BS)>

<IssueSSDC>

Issues I Will Consider

The hearing concerns your application of [Title II Application Date], for a Period of Disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act (the Act). The hearing also concerns your application of [Title XVI Application Date], for Supplemental Security Income (SSI). I will consider whether you are disabled under section 216(i), section 223(d), and section 1614(a)(3) of the Act.

Under the Act, I will find you disabled for those benefits or SSI if you have a physical or mental condition(s) that:

- Keeps you from doing any substantial gainful work; **and**

- Has lasted 12 straight months, can be expected to last 12 straight months, or can be expected to result in death.

I will follow a step-by-step process to decide whether you are disabled. I will stop the process at the first step I can make a decision. The steps in this process look at:

- Any work you have done after your condition(s) began;
- The severity of your condition(s);
- Whether you can do the kind of work you did in the past; and
- Whether you can do any other kind of work considering your age, education, and work experience.

I will also consider whether you have enough earnings under Social Security to be insured for a Period of Disability and Disability Insurance Benefits. If you do, I must decide whether you became disabled while you were insured.

<if DLI is in the past> Our records indicate that your date last insured is [DLI Date]. If this is correct, I must decide whether you became disabled on or before that date. <endif>

Our regulations explain the rules for deciding whether you are disabled and, if so, when you became disabled. These rules are in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart B, Subpart P and Part 416, Subpart I.

</IssueSSDC>

<MoreAboutHeader>

More About the Issues

</MoreAboutHeader>

<IssueSpecialPara1>

<if More About the Issues=true>

[More About the Issues]

<endif>

If I find that you have been disabled, I will also consider whether your disability continues through the date of the decision or whether your condition(s) has improved.

</IssueSpecialPara1>

<If Case = Adult and DAA is an issue=true>

<IssueDAAPara>

If I find that you are disabled and that you have a substance use disorder (drug, alcohol, or both), I also will decide whether it is a contributing factor material to the determination of disability. This means I will decide whether you would be disabled if you were not using drugs or alcohol. If drug addiction or alcoholism is a contributing factor material to the determination of your disability, I will find you not disabled under Sections 223(d)(2), or 1614(a)(3), or 223(d)(2) and 1614(a)(3) of the Social Security Act.

</IssueDAAPara>

<RemarksExpertTestimonyUST>

Remarks

I may ask a Vocational Expert, a Medical Expert, or both to attend your hearing and answer questions. If I ask an expert to attend your hearing, I will include that information below, or **I will send you an Amended Notice prior to the date and time of your hearing.**

<If Expert(s) = True>

The following expert(s) is scheduled to testify at your hearing:

<if VE=true> Vocational expert - [VEFullName] [VEFirmName] <if VE By Phone=true> by phone <elseif VE by Phone=false> by video teleconference <endif>

<if ME=true> Medical expert - [MEFullName] [MEFirmName] <if ME By Phone=true> by phone <elseif ME by Phone=false> by video teleconference <endif>

<if ME=true> Medical expert - [MEFullName] [MEFirmName] <if ME By Phone=true> by phone <elseif ME by Phone=false> by video teleconference <endif>

<if ME=true> Medical expert - [MEFullName] [MEFirmName] <if ME By Phone=true> by phone <elseif ME by Phone=false> by video teleconference <endif>

<if ME=true> Medical expert - [MEFullName] [MEFirmName] <if ME By Phone=true> by phone <elseif ME by Phone=false> by video teleconference <endif>

<if ME=true> Medical expert - [MEFullName] [MEFirmName] <if ME By Phone=true> by phone <elseif ME by Phone=false> by video teleconference <endif>

<if Personalized Remarks=true>
[Personalized Remarks related to expert(s)]
<end if>

</RemarksExpertTestimonyUST>

<IfYouDisagree>

If You Object to the Issues

If you object to the issues or remarks listed above, you must tell me that and explain why in writing. You must tell me as soon as possible, but not later than 5 business days before the date of the hearing. If you miss this deadline, I will consider your objection(s) if you show that you meet one of the exceptions set forth in our regulations.

</IfYouDisagree>

<YourRightToRequest>

Your Right To Request a Subpoena

In general, you have to prove that you are blind or disabled. If you cannot get evidence that you reasonably need to present your case fully, I may be able to help you by issuing a legal document called a subpoena. A subpoena may require a person to submit documents or testify at your hearing.

If you want to ask me to issue a subpoena, you must tell me that in writing as soon as possible. I must receive your subpoena request no later than 10 business days before your hearing, unless you show that you meet one of the exceptions set forth in our regulations. I will review your request and may issue a subpoena if reasonably necessary for full presentation of your case. In your request, please tell me:

- What documents you need or who the witnesses are;
- The location of the documents or witnesses;
- The important facts you expect the documents or witnesses to prove; and
- Why you cannot prove these facts without a subpoena.

</YourRightToRequest>

<WhatHappensAt>

What Happens At the Hearing?

- I will ask you and any other witnesses to take an oath or to affirm that the testimony is true.
- You will have a chance to testify and tell me about your case.
- You and your representative (if you have one) may review submitted documents, present and question witnesses, state your case, and make statements about the facts and law. If you want to submit a written statement before your hearing, you must give me a copy and give a copy to each party no later than 5 business days before the date of your hearing. If you miss this deadline, you may still submit a written statement

before your hearing if you show that you meet one of the exceptions set forth in our regulations.

- I will ask you and any other witnesses questions that will help me make a decision in your case.
- We will make an audio recording of the hearing.

</WhatHappensAt>

<TravelCostsNotPhone>

<if Claimant Hearing by phone=false>

Travel Expenses

We may pay certain travel expenses when you, your representative, or needed witnesses must travel more than 75 miles to the hearing. We have enclosed an information sheet that tells you about our rules for paying travel expenses. Please call this office at [LocalOfficePhone] if you want more information.

</TravelCostsNotPhone>

<MyDecision>

The Decision

After the hearing, I will issue a written decision and mail it to you. The decision will explain my findings of fact and conclusions of law. I will base my decision on all the evidence of record, including the testimony at your hearing.

</MyDecision>

<IfYouHave>

If You Have Any Questions

If you have any questions, please call, [LocalOfficePhone], or write this office. For your convenience, our address is on the first page of this notice.

</IfYouHave>

<SignatureBlockALJ1>

Sincerely,

[ALJFullName]

Administrative Law Judge

</SignatureBlockALJ1>

<EnclosureGeneralClmt>

Enclosures:

[Form HA-504 \(Acknowledgement of Receipt of Notice of Hearing\)](#)

<if Rep=false>SSA Publication No. 05-10075 (Your Right To Representation)<endif>

</EnclosureGeneralClmt>

<ccBlockRep1>

<if Rep>

cc: [RepFirstName][RepMiddleName][RepLastName][RepSuffix]

[RepFirm]

[RepCompleteAddress]

<endif>

</ccBlockRep1>

<EnclosureGeneralRep>

Enclosures:

[Form HA-504 \(Acknowledgement of Receipt of Notice of Hearing\)](#)

</EnclosureGeneralRep>

<TravelExpenseInformation>

<if Claimant Hearing by phone=false>

When we can pay travel expenses

If you must travel more than 75 miles one-way from your home or office to attend the hearing, we may pay certain expenses. Here are the rules that apply:

- We may pay expenses such as the cost of a bus ticket or expenses for driving your car.
- In certain circumstances, you may need meals, lodging, or taxicabs. The Administrative Law Judge (ALJ) must approve these unusual travel costs **before the hearing unless** the costs were unexpected or unavoidable.
- The ALJ may also approve payment of travel expenses for your representative and any witnesses he or she determines are needed at the hearing.
- You must submit a written request for payment of travel expenses other than meals, lodging, or taxicabs to the ALJ at the time of the hearing or as soon as possible after the hearing. List what you spent and include supporting receipts. If you requested a change in the scheduled location of the hearing to a location farther from your residence, we cannot pay you for any **additional** travel expenses.
- If you need money for travel costs in advance, you should tell the ALJ as soon as possible **before the hearing**. We can make an advance payment only if you show that without it you would not have the funds to travel to or from the hearing.
- If you receive travel money in advance, you must give the ALJ an itemized list of your actual travel expenses and receipts within 20 days after your hearing.
- If we gave you an advance payment that is more than the amount you are due for travel expenses, you must pay back the difference within 20 days after we tell you how much you owe us.
- If we reimburse you for travel expenses we follow the rules in the Code of Federal Regulations and apply the same rates and conditions of payment that govern travel expenses for Federal employees. Our determination on travel expense reimbursement is final and not subject to further review. 41 CFR Chapter 301 and <if Title II=true> 20 CFR 404.999a-999d <elseif Title XVI=true> 20 CFR 416.1495-1499 <elseif Title II and Title XVI=true> 20 CFR 404.999a-999d, 416.1495-1499 <endif>.

<endif>

</TravelExpenseInformation>