

## Request for Change in Time/Place of Disability Hearing

Name of Claimant		(DO NOT WRITE IN THIS SPACE)
Name of Wage Earner or Self-Employed Person	Social Security Number	
Spouse's Name and Social Security Number (Complete only if Supplemental Security Income Case)		

Type of Benefit:	Disability			SSI		
	<input type="checkbox"/> Worker	<input type="checkbox"/> Widow/Widower	<input type="checkbox"/> Child	<input type="checkbox"/> Disability	<input type="checkbox"/> Blind	<input type="checkbox"/> Child

Name of Representative, if any	
Representative's Address	Telephone Number (Include area code)

### Hearing Currently Scheduled

Date	Time	Place
Request	<input type="checkbox"/> A postentitlement of _____ days from the scheduled hearing date	<input type="checkbox"/> A different place of hearing (specify place) _____

The reason for my request is:

Name of Claimant	Date (MM/DD/YYYY)	Telephone Number (Include area code)
Mailing Address (Number and street, Apt No., P.O. Box, or Rural Route)		
City	State	ZIP Code

## Privacy Act Statement Collection and Use of Personal Information

Section 205(b) of the Social Security Act, as amended, allows us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent you from receiving a new time or location for your disability hearing.

We will use the information you provide to determine whether to reschedule a disability hearing based on good cause, eligibility, and availability. We may also share your information for the following purposes, called routine uses:

- To student volunteers, individuals working under a personal services contract, and other workers who technically do not have the status of Federal employees, when they are performing work for the Social Security Administration (SSA), as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned Agency functions; and
- To a congressional office in response to an inquiry from that office made at the request of the subject of a record.

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) 60-0009, entitled Hearings and Appeals Case Control System, as published in Federal Register (FR) on October 13, 1982, at 47 FR 45589; and SORN 60-0010, entitled Hearing Office Tracking System of Claimant Cases, as published in the FR on January 11, 2006, at 71 FR 1806. Additional information, and a full listing of all our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

## 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 8 minutes to read the instructions, gather the facts, and answer the questions. ***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.***