



Social Security Administration

Office of Hearings Operations

Form Approved

OMB No. 0960-0794

Date: _____

REQUEST TO SHOW CAUSE FOR FAILURE TO APPEAR

Claimant: _____

Wage Earner: _____

Social Security Claim Number: _____

NOTE: Please read the PRIVACY ACT statement on the reverse page and the statements below.

You requested a hearing with a Judge. We scheduled a hearing for you
for _____ at _____

You did not appear at your hearing or contact us to explain why you could not appear.

If you still want a judge to hold a hearing on your claim, you may explain in writing why you did not appear for 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.

A judge will review your explanation. The judge will use rules in the Code of Federal Regulations to decide if you had good cause for failing to appear. If the judge decides that you had a good reason for missing your hearing, we will schedule another hearing for you.

- **If the judge decides that you did not have a good reason for missing your hearing, and your representative also did not appear for your hearing, the judge may dismiss your request for a hearing.**
- **If the judge decides that you did not have a good reason for missing your hearing, but your representative appeared for your hearing, the judge may decide your claim based on the evidence in your file.**

I did not appear for the hearing because:

Mail your explanation to: Office of Hearings Operations

If you have any questions, you may call

SIGNATURE OF CLAIMANT (OR AUTHORIZED REPRESENTATIVE)

DATE

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a), 1631(c) and (d), and 1872 of the Social Security Act, as amended, allow us to collect information about why you did not appear at your scheduled hearing. 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-schedule a hearing for you and make a new decision on your claim.

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

- To contractors and other Federal agencies, as necessary, for the purpose of assisting us in the efficient administration of our programs. We will disclose information under this routine use only in situations in which we may enter a contractual or similar agreement to obtain assistance in accomplishing an SSA function relating to this system of records; and
- 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 us, as authorized by law, and they need to access personally identifiable information (PII) in our records in order to perform their assigned agency functions.

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 Notices (SORNs) 60-0005, Administrative Law Judge Working File on Claimant Cases, as published in the Federal Register (FR) on April 29, 2009, at 74 FR 19617; 60-0009, Hearings and Appeals Case Control System, as published in the FR on October 13, 1982, at 47 FR 45589; 60-0010, Hearing Office Tracking System of Claimant, as published in the FR on January 11, 2006, at 71 FR 1806; 60-0089, Claims Folders System, as published in the FR on October 31, 2019, at 84 FR 58422; and 60-0320, Electronic Disability (eDIB) Claim File, as published in the FR on June 4, 2020, at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at 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 10 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.***