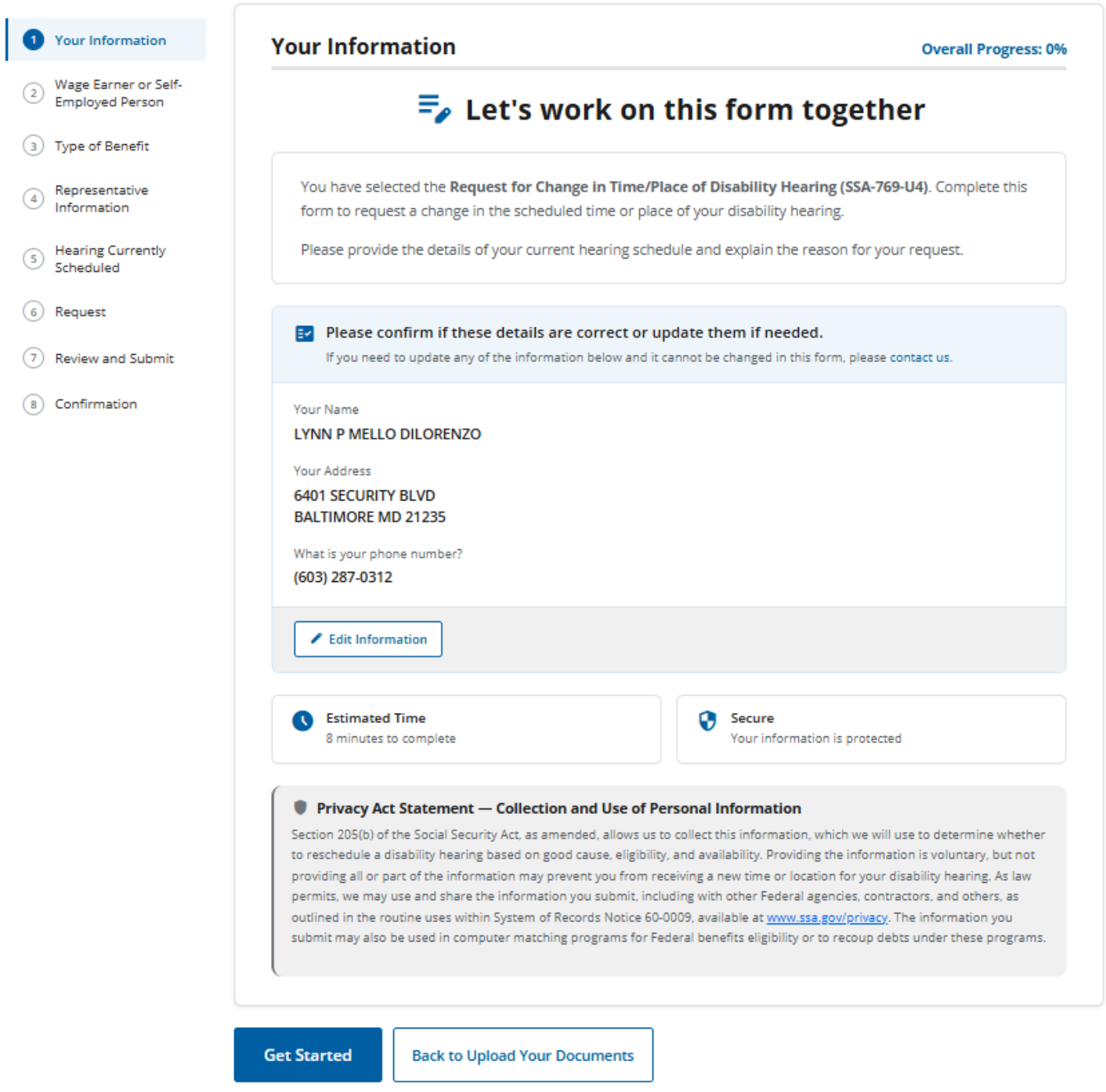
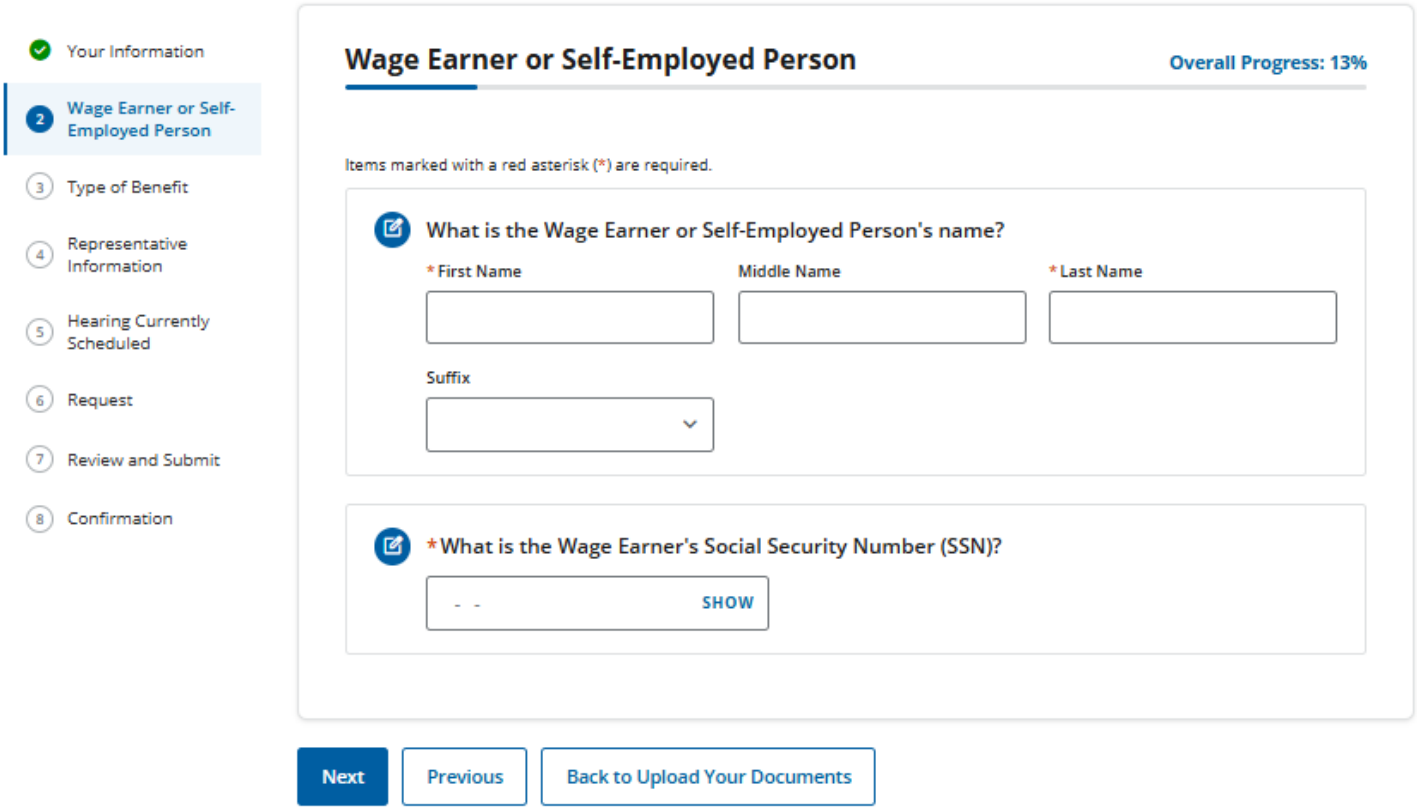
SSA-769 Request for Change in Time/Place of Disability Hearing

Upload Documents Conversational Q&A Format Screenshots

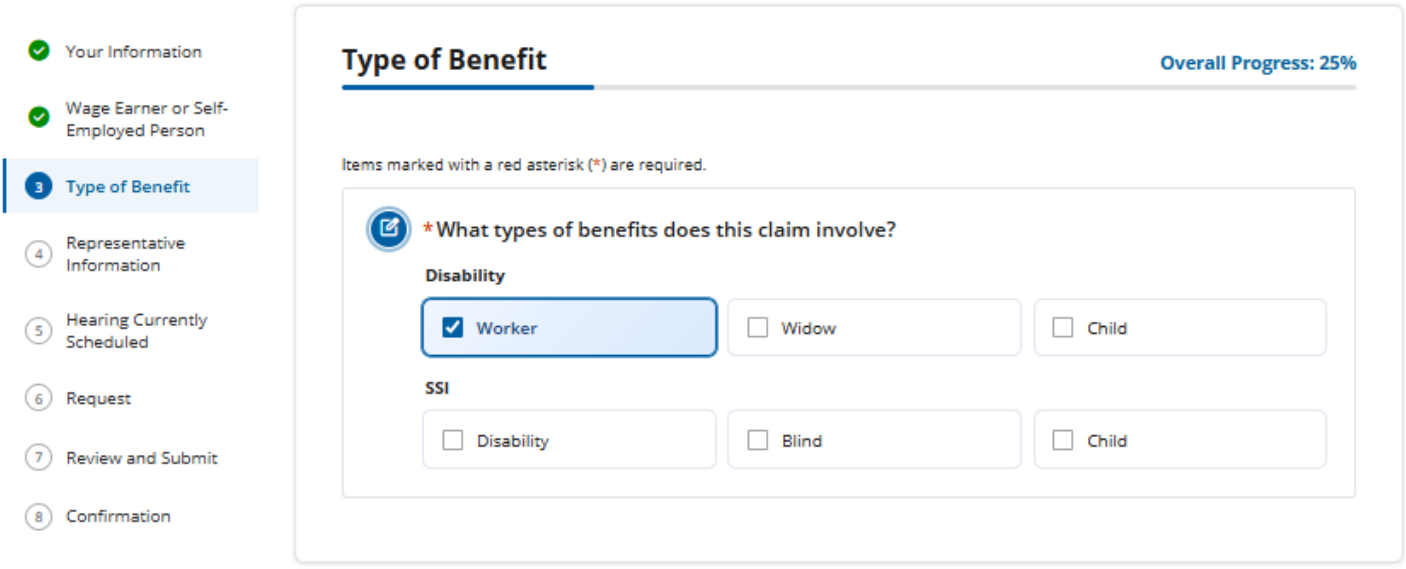
Your Information:



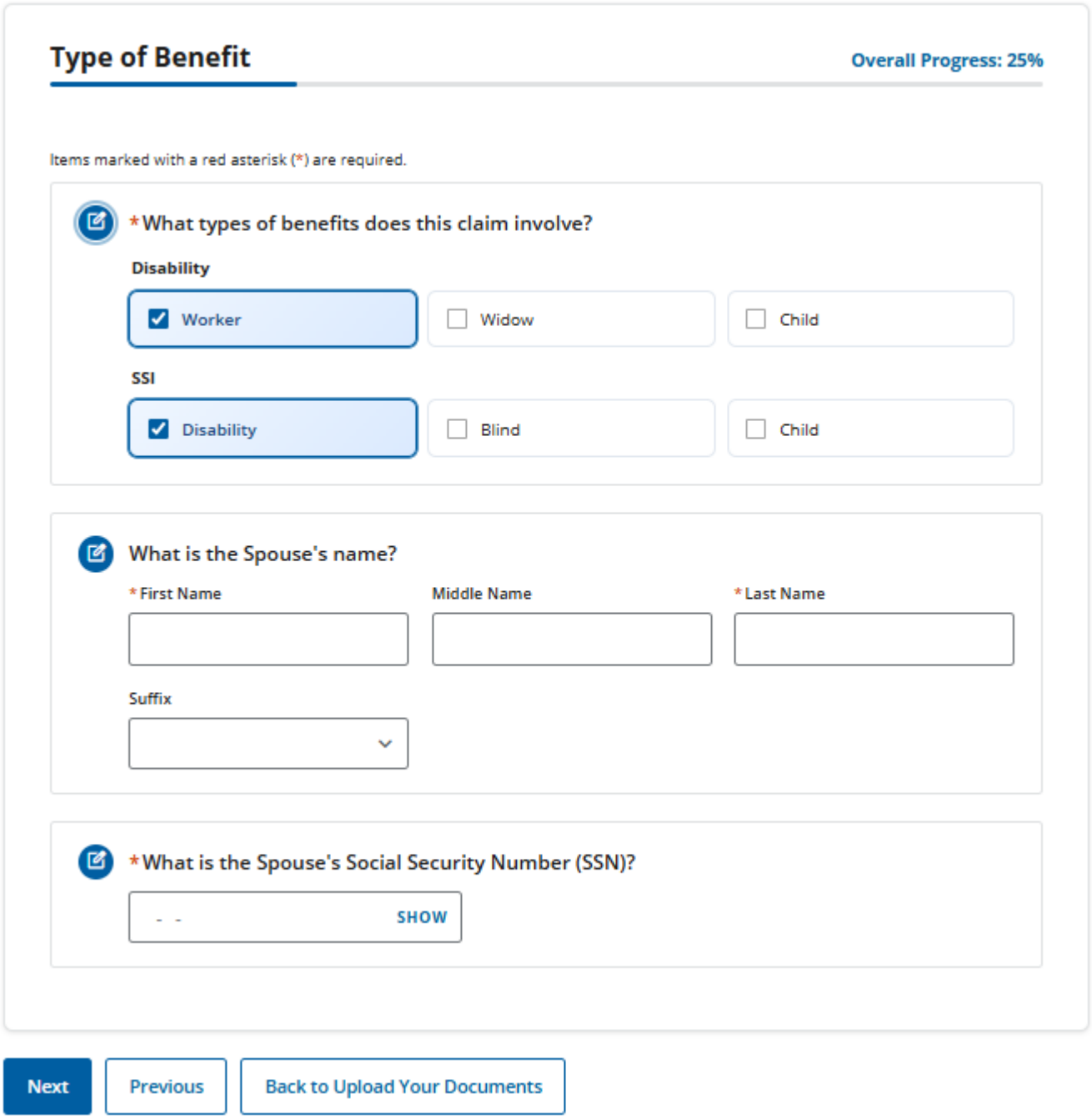
Wage Earner or Self-Employed Person:



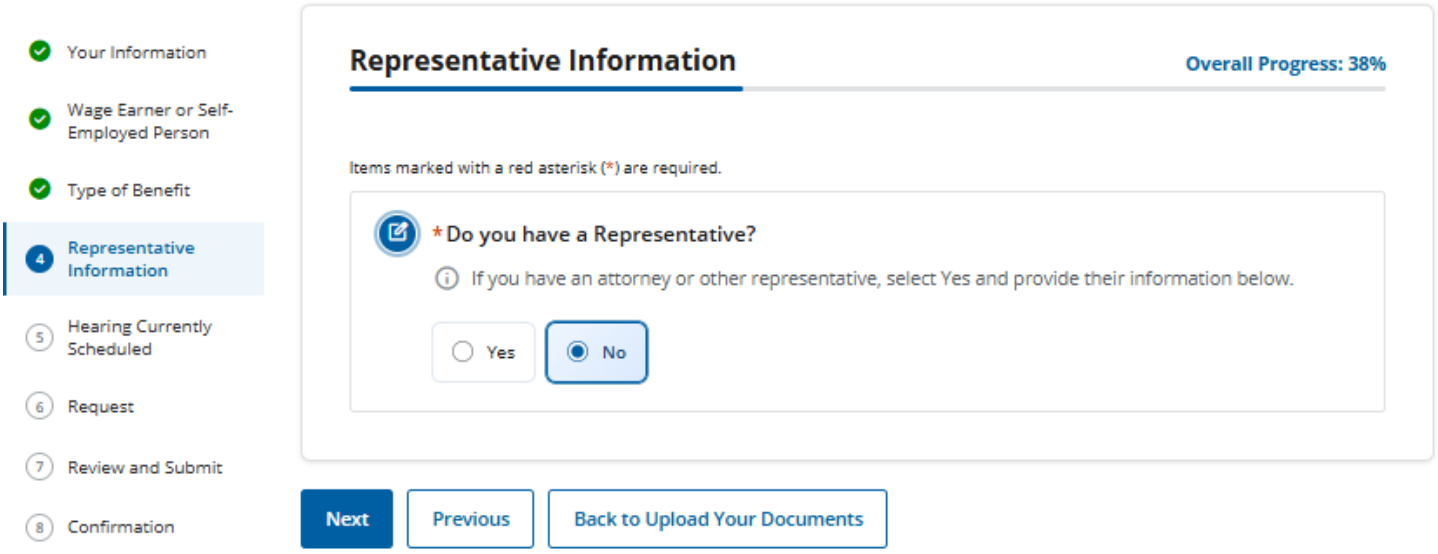
Type of Benefit – Title II Claim Only:



Type of Benefit: SSI claim involved:



Representative Information: No Rep



Representative Information: Yes Rep

Representative Information

Overall Progress: 38%

Items marked with a red asterisk (*) are required.

*** Do you have a Representative?**

If you have an attorney or other representative, select Yes and provide their information below.

(•) Yes ( ) No

What is your Representative's name?

* First Name | Middle Name | * Last Name

Suffix

What is your Representative's mailing address?

* Street Address | Apartment, Suite, Building, Etc.

* City/Town | * State | * ZIP Code

What is your Representative's telephone number?

(___) ___-____

Hearing Currently Scheduled:

- Your Information
- Wage Earner or Self-Employed Person
- Type of Benefit
- Representative Information
- 5 Hearing Currently Scheduled
- 6 Request
- 7 Review and Submit
- 8 Confirmation

Hearing Currently Scheduled

Overall Progress: 63%

Items marked with a red asterisk (*) are required.

*When is your hearing currently scheduled?

09/29/2026

*What time is the hearing scheduled?

01:00 PM

*Where is the hearing currently scheduled to take place?

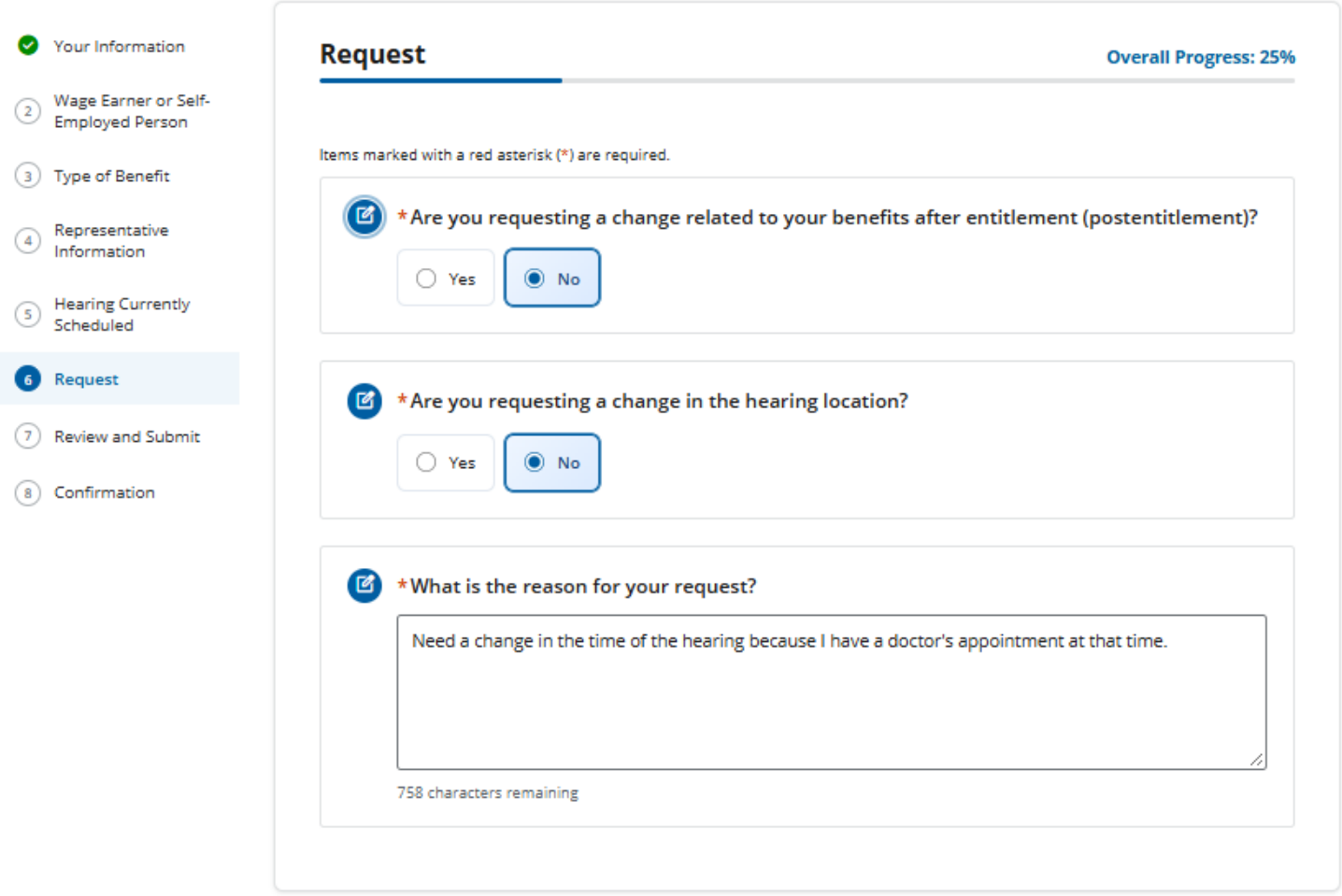
At the Maryland DDS

Next | Previous | Back to Upload Your Documents

Request:

Change in Postponement (currently reads as postentitlement, but this is a typo): No

Change in Hearing location: No



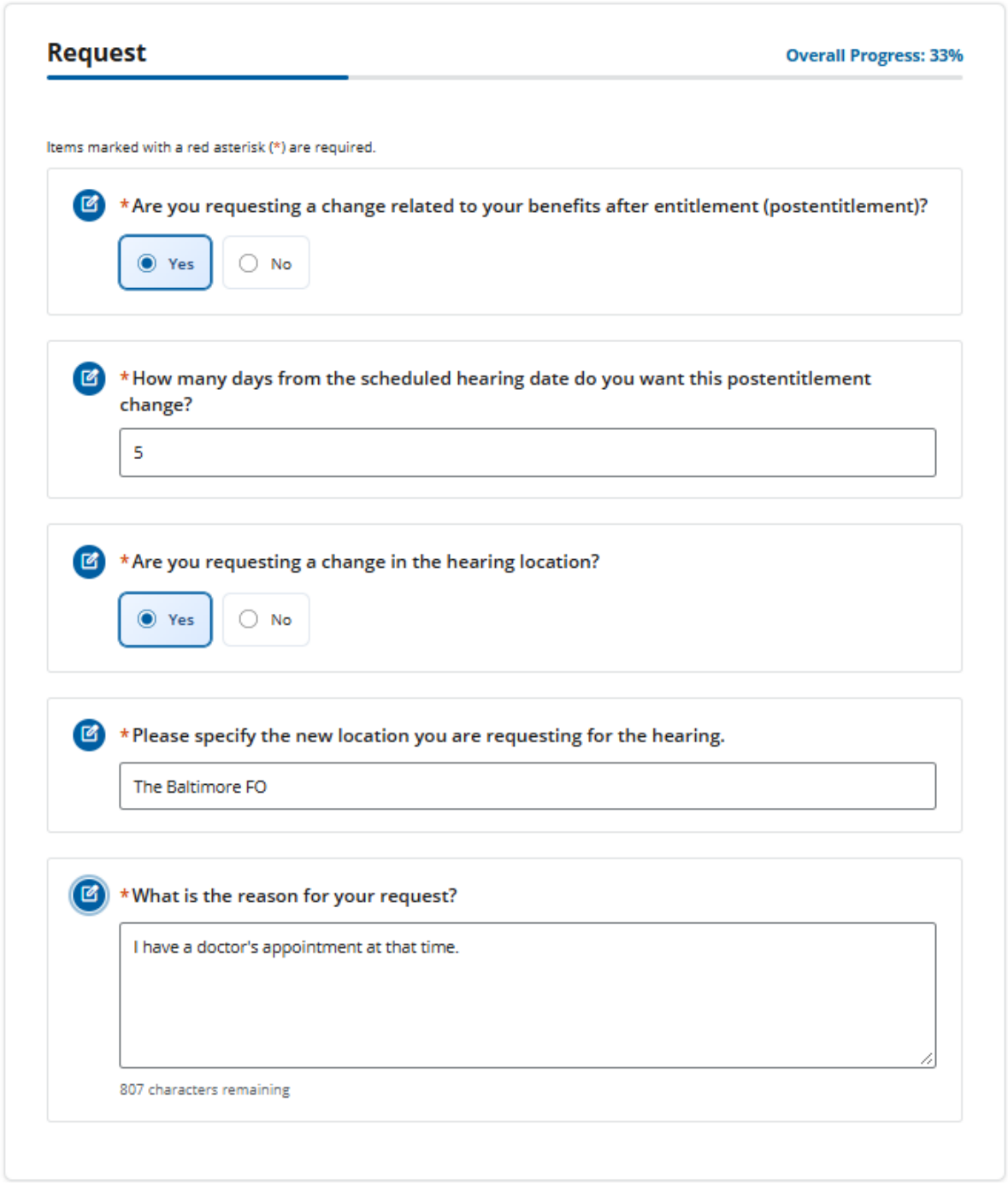
** Changing the question “Are you requesting a change related to your benefits are entitlement (postentitlement)?” to “Are you requesting a postponement of your hearing?”

Changing the question “How many days from the scheduled hearing date do you want this postentitlement change?” to “How many days from the scheduled hearing date do you want this postponement?”

Request:

Change in Postponement (currently reads as postentitlement, but this is a typo): Yes

Change in Hearing location: Yes



** Changing the question “Are you requesting a change related to your benefits are entitlement (postentitlement)?” to “Are you requesting a postponement of your hearing?”

Changing the question “How many days from the scheduled hearing date do you want this postentitlement change?” to “How many days from the scheduled hearing date do you want this postponement?”

Review and Submit:

- Your Information
- Wage Earner or Self-Employed Person
- Type of Benefit
- Representative Information
- Hearing Currently Scheduled
- Request
- 7 Review and Submit
- 8 Confirmation

Review and Submit

Overall Progress: 99%

Review Your Submission

Please review all information, including the form preview, to verify that you have entered the correct details before submitting.

Your Information

Edit

Your Name
LYNN P MELLO DILORENZO

Your Address
6401 SECURITY BLVD
BALTIMORE MD 21235

What is your phone number?
(603) 287-0312

Wage Earner or Self-Employed Person

Edit

What is the Wage Earner or Self-Employed Person's name?
John John

What is the Wage Earner's Social Security Number (SSN)?
XXX-XX-5555

Type of Benefit

Edit

What types of benefits does this claim involve?

- Disability – Worker
- SSI – Disability

What is the Spouse's name?
Susan Paul

What is the Spouse's Social Security Number (SSN)?
XXX-XX-2222

Representative Information

Edit

Do you have a Representative?
No

Hearing Currently Scheduled

Edit

When is your hearing currently scheduled?
09/29/2026

What time is the hearing scheduled?
01:00 PM

Where is the hearing currently scheduled to take place?
At the Maryland DDS

Request

Edit

Are you requesting a change related to your benefits after entitlement (postentitlement)?

Yes

How many days from the scheduled hearing date do you want this postentitlement change?

5

Are you requesting a change in the hearing location?

Yes

Please specify the new location you are requesting for the hearing.

The Baltimore FO

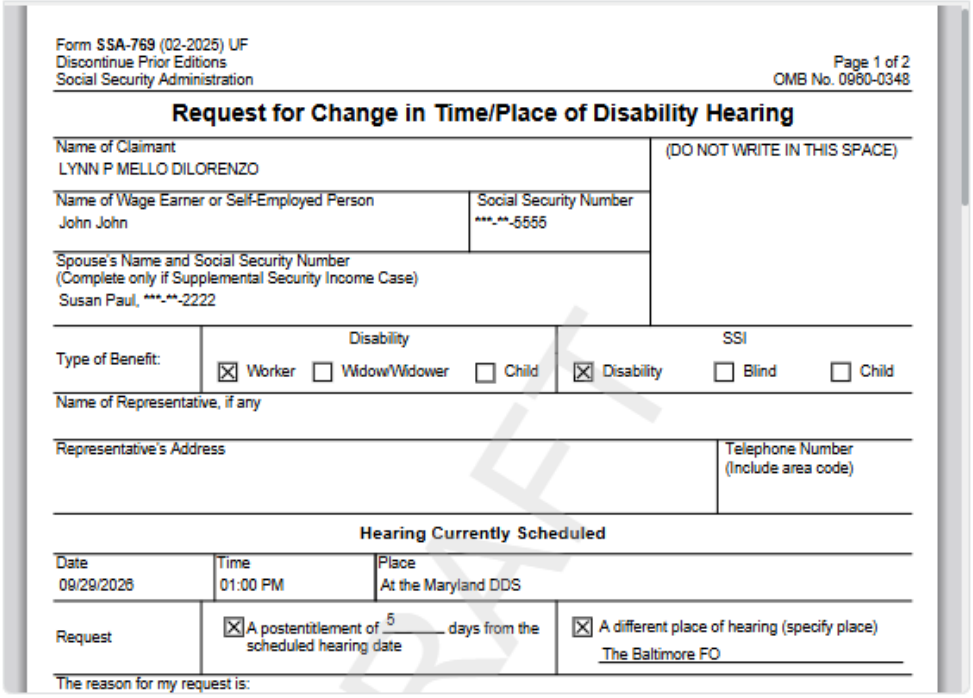
What is the reason for your request?

I have a doctor's appointment at that time.

Document Preview

Expand

SSA-769-U4 Request for Change in Time/Place of Disability Hearing.pdf



Form **SSA-769** (02-2025) UF
Discontinue Prior Editions
Social Security Administration

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OMB No. 0960-0348

Request for Change in Time/Place of Disability Hearing

Name of Claimant	(DO NOT WRITE IN THIS SPACE)
LYNN P MELLO DILORENZO	
Name of Wage Earner or Self-Employed Person: John John — Social Security Number: ***-**-5555	
Spouse's Name and Social Security Number (Complete only if Supplemental Security Income Case): Susan Paul, ***-**-2222	

Type of Benefit:	Disability	SSI
	☒ Worker ☐ Widow/Widower ☐ Child	☒ Disability ☐ Blind ☐ Child

Name of Representative, if any

Representative's Address — Telephone Number (Include area code)

Hearing Currently Scheduled

Date	Time	Place
09/29/2026	01:00 PM	At the Maryland DDS

Request		
	☒ A postentitlement of 5 days from the scheduled hearing date	☒ A different place of hearing (specify place): The Baltimore FO

The reason for my request is:

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