1. CLAIMANT	2.	2. WAGE EARNER, IF DIFFERENT			3. SOC. SEC. CLAIM NUMBER	4. SPOUSE'S CLAIM NUMBER
5. I REQUEST A HEARING E	BEFORE AN ADMINIST	RATIVE LAW JUD	<b>GE</b> .   disagre	e with the de	l etermination made on my	claim because:
An Administrative Law Jud You will receive notice of the						r proceedings in your case.
6. If you have additional evi	the following		7. Check one of the blocks:			
I have additional evidence					sh to appear at a hearing	
(name and address of so	urce):			made	not wish to appear and i e based on the evidence (Complete Waiver Form	request that a decision be in my case. HA-4608)
(Please submit it to the Attach an additional sh	eet if you need more s	pace.)				
You have a right to be reproof legal referral and service (Appointment of Representation	e organizations. (If y					
[You should complete No. available to complete this for			e, address, e		ou are represented and	your representative is not
8. (CLAIMANT'S SIGNATURE)			(REPRESEN	TATIVE'S SIG	GNATURE/NAME)	
ADDRESS			(ADDRESS)	ATTOR	NEY; NON ATTOR	:NEY;
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE
DATE	AREA CODE AND TEL	EPHONE NUMBER	DATE		AREA CODE A	ND TELEPHONE NUMBER
TO BE COMPLETED	BY SOCIAL SECU	RITY ADMINIS	 TRATION-	ACKNOWL	EDGMENT OF REQ	UEST FOR HEARING
10. Request for Hearing RECEIN				101110111	by:	<u> </u>
nequest for flearing fizeers	VED for the Goodan Goo	anty Administratio			~7	
(TITLE)	_	ADDRESS				
11. Was the request for hear reconsidered determinated YES NO	•	5 days of the	of appointm		etter, or other pertinent	for delay; and attach copy material or information in
12. Claimant not represente			13. Interpre	ter needed -		
list of legal referral and	service organizations	provided		iguage (inclu	ıding sign language):	
Check one: Initial Entitl	lement Case		15. Check claim	type(s):		
	Cessation Case entitlement Case		RSI only			(RSI)
16.			Title II D	isability-work	cer or child	(DIWC)
HO COPY SENT TO:	HO or	າ	_	=	•	(DIWW)
CF Attached: Title	e II; Title XV	l; or				
Title II CF held in FO to	establish CAPS ORBI	T; or		-		
	e II; Title X\	/				
(Copy of teletype or pho	one report attached)					(SSAC)
17.	ПО					
CF COPY SENT TO:  CF Attached: Title	HO or ∍ Ⅱ;			-		(SSDC)
Other Attached:	intle XV	<b>/</b> I		,		i i
			I∭ Other-S∣	ресту: <u>`</u>		

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (c), as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security Office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Form Approved OMB No. 0960-0269

# REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE [Take or mail original and all copies to your local Social Security Office]

1. CLAIMANT	2. V	2. WAGE EARNER, IF DIFFERENT			SEC. CLAIM NUMBER	4. SPOUSE's CLAIM NUMBER	
5.   REQUEST A HEAR	 RING BEFORE AN ADMINISTR	ATIVE LAW JUD	<b>GE</b> .   disagre	e with the determina	ation made on my	claim because:	
	v Judge of the Office of Hea e of the time and place of a h					proceedings in your case.	
6. If you have addition block and complete	nal evidence to submit check the statement:	the following		7. Check one of t			
	idence to sumit from				pear at a hearing.		
(name and address	ot source):			made based	sn to appear and 11 I on the evidence ii Iete Waiver Form H		
Attach an additional	the Social Security Office wit I sheet if you need more spac	e.)					
	e represented at the hearing. service organizations. (If you esentative).)						
	e No. 8 and your representa this form, you should also prii				represented and y	our representative is not	
8.	· · · · · · · · · · · · · · · · · · ·		9.				
(CLAIMANT'S SIGNAT	TURE)		(REPRESEN	TATIVE'S SIGNATU	RE/NAME)		
ADDRESS			(ADDRESS)	ATTORNEY;	NON ATTORM	NEY;	
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE	
DATE	AREA CODE AND TELE	PHONE NUMBER	DATE AREA CODE AND TELEPHONE NUMBER				
TO BE COMPLET	TED BY SOCIAL SECUR	ITY ADMINIS	<u> </u>	<u>ACKNOWLEDGI</u>	MENT OF REQU	EST FOR HEARING	
	RECEIVED for the Social Secu	rity Administration	n on		by:		
(TITLE)		ADDRESS					
·	or hearing received within 65	days of the		·	•	or delay; and attach copy	
reconsidered deter YES NO	rmination?			nent notice, letter, d lecurity Office.	or other pertinent	material or information ir	
12. Claimant not repre		rovido d		ter needed -	an longue goli		
14.	al and service organizations p	rovided	enter lar 15.	nguage (including si	gn language):		
Check one:   Initial	Entitlement Case		Check claim	type(s):			
<u></u>	ility Cessation Case r Postentitlement Case		RSI only	·		(RSI)	
16.			Title II C	oisability-worker or c	hild	(DIWC)	
HO COPY SEN	IT TO: HO on		Title II D	oisability-widow(er) o	n y	(DIWW)	
CF Attached:	Title II; Title XVI;	or	SSI Age	d only		(SS A)	
Title    CF held in	FO to establish CAPS ORBIT	or	SSI Blin	d only		(SSIB)	
CF requested	Title II; Title XVI		SSI Disability only(				
	or phone report attached)		SSI Aged/Title   (SS				
17.			SSI Blin	d/Title		(SSBC)	
CF COPY SENT TO:			SSI Disa	ıbility/Title		(SSDC)	
CF Attached:	Title II; Title XVI		HI Entit	lement		(HIE)	
Other Attached:	Other Attached:			necify: (		)	

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (c), as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security Office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

1. CLAIMANT	2. WAGE EARNER, I	2. WAGE EARNER, IF DIFFERENT		SEC. CLAIM NUMBER	4. SPOUSE'S CLAIM NUMBER		
5. I REQUEST A HEARING BEFORE	AN ADMINISTRATIVE LAW JUD	OGE. I disagree w	ith the determina	tion made on my	I claim because:		
An Administrative Law Judge of the You will receive notice of the time a					proceedings in your case.		
6. If you have additional evidence to block and complete the statemen		7.	7. Check one of the blocks:				
have additional evidence to sum	nit from	]		pear at a hearing.			
(name and address of source):			made based	h to appear and I i on the evidence in ete Waiver Form H	request that a decision be n my case. IA-4608)		
(Please submit it to the Social Seconditional sheet if you n	eed more space.)						
You have a right to be represented of legal referral and service organ (Appointment of Representative).)							
[You should complete No. 8 and y available to complete this form, you		e, address, etc. ii		represented and y	our representative is not		
8. (CLAIMANT'S SIGNATURE)		9. (REPRESENTAT	IVE'S SIGNATUR	RE/NAME)			
ADDRESS		(ADDRESS)	ATTORNEY;	NON ATTORN	JEY;		
CITY	STATE ZIP CODE	CITY		STATE	ZIP CODE		
DATE AREA C	ODE AND TELEPHONE NUMBER	DATE		AREA CODE AN	ND TELEPHONE NUMBER		
TO BE COMPLETED BY SO	CIAL SECURITY ADMINIS	TRATION-AC	KNOWLEDGN	IENT OF REQU	EST FOR HEARING		
10. Request for Hearing RECEIVED for				by:			
nequest for flouring necessites for	are occurry Administration						
(TITLE)	ADDRESS						
11. Was the request for hearing reconsidered determination?	eived within 65 days of the				or delay; and attach copy material or information in		
YES NO		the Social Secu	rity Office.				
12. Claimant not represented -  list of legal referral and service	organizations provided	13. Interpreter r	needed - ge (including sig	ın language):			
14. Cheek and Initial Entitlement C	```	15.	<u> </u>	·			
Check one: Disability Cessation		Check claim typ					
Other Postentitlem	ent Case				(RSI)		
16.					(DIWC)		
HO COPY SENT TO:	HO on		•	-	(DIWW)		
CF Attached: Tiltle II;	Title XVI; or	_	= -		(SSIA) (SSIB)		
Title II CF held in FO to establis		_	•		(SSID)		
CF requested Tiltle II; (Copy of teletype or phone repo	Title XVI		-		(SSID) (SSAC)		
17.	it attached)				(SSAC)		
CF COPY SENT TO:	HO on				(SSDC)		
CF Attached: Tiltle II;	Title XVI		•		(HIE)		
Other Attached:		Other-Speci	1		1		
-			, -				

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (c), as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security Office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

1. CLAIMANT		2. WAGE EARNER, IF DIFFERENT			3. SOC. SEC. CLAIM NUMBER	4. SPOUSE's CLAIM NUMBER	
5.   REQUEST A HEAF	RING BEFORE AN ADMIN	STRATIVE LAW JUD	<b>GE</b> .   disagre	e with the det	ermination made on my	r claim because:	
	w Judge of the Office of e of the time and place o					r proceedings in your case.	
	nal evidence to submit che the statement:	eck the following			ne of the blocks:		
	vidence to sumit from				n to appear at a hearing		
(name and address	of source):		│ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │				
Attach an additional	the Social Security Office sheet if you need more s	pace.)					
	service organizations. (It					y Office will give you a lis nd submit form SSA-169	
available to complete	e No. 8 and your representhis form, you should also				u are represented and	your representative is not	
8. (CLAIMANT'S SIGNA	TURE)		(REPRESENTATIVE'S SIGNATURE/NAME)				
ADDRESS			(ADDRESS) ATTORNEY; NON ATTORNEY;				
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE	
DATE	AREA CODE AND T	ELEPHONE NUMBER	DATE		AREA CODE A	AND TELEPHONE NUMBER	
TO BE COMPLE	TED BY SOCIAL SEC	URITY ADMINIS	 	ACKNOWLI	EDGMENT OF REQ	UEST FOR HEARING	
10.	RECEIVED for the Social S				by:		
(TITLE)	for hearing received within	ADDRESS	If no is che	cked attach	claimant's evolunation	for delay; and attach copy	
reconsidered dete	=	1 00 days of the	of appointm		etter, or other pertinent	: material or information in	
12. Claimant not repr	resented - al and service organizatio	ns provided		ter needed - nguage (inclu	ding sign language):		
14.	Entitlement Case		15.				
<u> </u>	olity Cessation Case		Check claim			(DCI)	
Othe	r Postentitlement Case					(RSI)	
						(DIWW)	
						(SSIA)	
			SSI Blin	d only		(SSIB)	
			_			(SSID)	
			_			(SSAC)	
						(SSBC)	
						(SSDC)	
			Other-S	,		1	
				э <del>с</del> ыу <u>—</u>		<u> </u>	

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (c), as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security Office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

1. CLAIMANT		2. WAGE EARNER, IF DIFFERENT			3. SOC. SEC. CLAIM NUMBER	4. SPOUSE'S CLAIM NUMBER		
5.   REQUEST A HEAR	RING BEFORE AN ADMIN	STRATIVE LAW JUD	<b>GE</b> .   disagre	e with the de	termination made on my	claim because:		
	w Judge of the Office of e of the time and place o					proceedings in your case.		
	hal evidence to submit che the statement: $\Box$	eck the following			one of the blocks:			
	vidence to sumit from				h to appear at a hearing.			
(name and address	of source):							
Attach an additiona	the Social Security Office I sheet if you need more	space.)						
	service organizations. (If					v Office will give you a list nd submit form SSA-1696		
[You should complete	e No. 8 and your repres				ou are represented and	your representative is not		
available to complete 8.	this form, you should also	print his or her name	e, address, e <sup>.</sup> Io	tc. in No. 9.]				
(CLAIMANT'S SIGNA	TURE)		(REPRESEN	TATIVE'S SIG	GNATURE/NAME)			
ADDRESS			(ADDRESS)	ATTOR	NEY; NON ATTORI	NEY;		
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE		
DATE	AREA CODE AND T	ELEPHONE NUMBER	DATE		AREA CODE A	ND TELEPHONE NUMBER		
	TED BY SOCIAL SEC	URITY ADMINIST	TRATION-	<u>ACKNOWL</u>	EDGMENT OF REQU	EST FOR HEARING		
10. Request for Hearing F	RECEIVED for the Social S	Security Administration	n on		by:			
(TITLE)		ADDRESS	16 1	1 1 1				
reconsidered dete	for hearing received withir rmination?	n 65 days of the	of appointm		etter, or other pertinent	or delay; and attach copy material or information in		
12. Claimant not repr	resented -		13. Interpre	•				
list of legal referr	al and service organizatio	ns provided	enter lar	guage (inclu	ıding sign language):			
14.	Entitlement Case		15.					
Check one: Disab	olity Cessation Case		Check claim	• •				
Othe	r Postentitlement Case				 er or child			
				-	w(er) only			
					w(er) only			
				· ·				
				•				
				-				
				(IIIZ)				

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (c), as appropriate) authorizes the collection of information on this form. We need the information to continue processing your claim. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out information on this form without your written consent if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or a Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration. We explain, in the Federal Register, these and other reasons why we may use or give out information about you. If you would like more information, get in touch with any Social Security Office.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.