aimant		Wage Earner (Leave blank if same as claimant)	Social Security Claim Number
NOTE:	DTE: Please read the PRIVACY ACT statement on reverse and the statements below. Then, print, wri or type your response to the statements in the space provided below. If you need more space, attach a separate page to this form.		
persor written	al appearance before an A evidence, my testimony, a	appear in person before an Administrative Law dministrative Law Judge would provide me with nd the testimony of other witnesses. I understa to the Administrative Law Judge in making a de	n the opportunity to present and that this opportunity to be
not wa		opearance before an Administrative Law Judge ant to have my case decided on the written evid s:	
l unde	stand that if I do not appea	ur before an Administrative Law Judge, I still ha	ve the right to present a written
If I cha	summary of my case, or to enter written statements about the facts and law material to my case in the record. If I change my mind and decide to request a personal appearance before the Administrative Law Judge, I understand that I should make this request to the Hearing Office before the decision of the Administrative Law		
Judge	is mailed to me.	be represented and that if I need representation	
hearing	g office can give me a list o entative.	f legal referral and service organizations to ass	ist me in locating a

PRIVACY ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1), as appropriate) authorizes the collection of information on this form. We will use the information you provide to determine if your claim may be decided without an oral hearing. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. 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; 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 you provide us 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.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S. C. § 3507, as amended by Section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 2 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send <u>only</u> comments relating to our time estimate to this address, not the completed form.