

**REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE**  
(Take or mail the **signed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)

See  
Privacy Act Notice

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT	3. SOC. SEC. CLAIM NUMBER - -	4. SPOUSE'S CLAIM NUMBER - -
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**5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE.** I disagree with the determination made on my claim because:

I disagree with the decision that I am not disabled.

I wish to appear before an Administrative Law Judge in the appeal of the denial of my claim at the reconsideration level.

An Administrative Law Judge of the Office of Disability Adjudication and Review will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

<p>6. I have additional evidence to submit. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name and address of source of additional evidence: Records of my treating physician.</p> <p>_____ _____ (Please submit it to the hearing office within 10 days. Your servicing Social Security Office will provide the address. Attach an additional sheet if you need more space.)</p>	<p>7. Check one of the blocks:</p> <p><input checked="" type="checkbox"/> I wish to appear at a hearing.</p> <p><input type="checkbox"/> I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)</p>
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You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. (If you are represented and have not done so previously, complete and submit form SSA-1696 (Appointment of Representative).)

[You should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 9.]

**I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.**

8. (CLAIMANT'S SIGNATURE) _____ (DATE) _____	9. (REPRESENTATIVE'S SIGNATURE/NAME) <u>Philip S. Lewis, Ph.D.</u> (DATE) _____
ADDRESS _____	(ADDRESS) <input type="checkbox"/> ATTORNEY; <input checked="" type="checkbox"/> NON ATTORNEY; 2734 Johnson Drive, Suite 201
CITY _____ STATE _____ ZIP CODE _____	CITY <u>Ventura</u> STATE <u>CA</u> ZIP CODE <u>93003</u> -
TELEPHONE NUMBER ( ) - _____ FAX NUMBER ( ) - _____	TELEPHONE NUMBER ( 805 ) 642 - 6080 FAX NUMBER ( 805 ) 650 - 0797

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION-ACKNOWLEDGMENT OF REQUEST FOR HEARING**

10. Request received for the Social Security Administration on \_\_\_\_\_ (Date) by: \_\_\_\_\_ (Print Name)

\_\_\_\_\_ (Title) \_\_\_\_\_ (Address) \_\_\_\_\_ (Servicing FO Code) \_\_\_\_\_ (PC Code)

11. Was the request for hearing received within 65 days of the reconsidered determination?  YES  NO  
If no is checked, attach claimant's explanation for delay; and attach copy of appointment notice, letter, or other pertinent material or information in the Social Security office.

12. Claimant is represented  Yes  No  
 List of legal referral and service organizations provided

13. Interpreter needed  Yes  No  
Language (including sign language): \_\_\_\_\_

14. Check one:  Initial Entitlement Case  
 Disability Cessation Case  
 Other Postentitlement Case

16. HO COPY SENT TO: \_\_\_\_\_ HO on \_\_\_\_\_

CF Attached:  Title II;  Title XVI;  Title VIII; or  
 Title II CF held in FO to establish CAPS ORBIT; or  
 CF requested  Title II;  Title XVI  Title VIII  
(Copy of teletype or phone report attached)

17. CF COPY SENT TO: \_\_\_\_\_ HO on \_\_\_\_\_

CF Attached:  Title II;  Title XVI  
 Other Attached: \_\_\_\_\_

15. Check all claim types that apply:
- RSI only (RSI)
  - Title II Disability-worker or child only (DIWC)
  - Title II Disability-Widow(er) only (DIWW)
  - SSI Aged only (SSIA)
  - SSI Blind only (SSIB)
  - SSI Disability only (SSID)
  - SSI Aged/Title II (SSAC)
  - SSI Blind/Title II (SSBC)
  - SSI Disability/Title II (SSDC)
  - HI Entitlement (HIE)
  - Title VIII Only (SVB)
  - Title VIII/Title XVI (SVB/SSI)
  - Other - Specify: \_\_\_\_\_