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FORM HA-501-U5: REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

WHEN TO USE THIS FORM

SECOND APPEAL: This request is made by completing the HA-501-U5, Request for Hearing by Administrative Law Judge. If you are uncertain whether this is the appropriate request to file, our letter explains the determination and contains a paragraph specifically mentioning your right to file a request for a hearing.

EVIDENCE: When you file a hearing request you should present any evidence you have that shows the reconsideration determination was incorrect. In the case of a denied claim for a disability benefit you must complete and sign additional forms. These forms are the [HA-4486](#), Claimant's Statement When Request for Hearing is Filed and the Issue is Disability, and [SSA-827's](#), Authorization to Release Medical Information. You may also need to complete a form [SSA-1696](#), [Appointment of Representative](#), if you are [appointing a representative](#).

The following section explains how to complete the HA-501-U5. If you have further questions about the HA-501-U5, or any other social security matter, you may call 1-800-772-1213 or contact your local SSA office.

HOW TO COMPLETE THE HA-501-U5, REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE

1. **NAME OF CLAIMANT:** Name of the individual on whose behalf this hearing is being filed.
2. **NAME OF WAGE EARNER:** If you receive social security benefits from another person having worked, enter that person's name.
3. **SOCIAL SECURITY CLAIM NUMBER:** This is the social security number of the wage earner (the person named under 2. above). It has a suffix after it (ie, HA, B2, C1, D, etc.) It is placed on all correspondence you receive from SSA.
4. **SPOUSE'S CLAIM NUMBER:** Enter your spouse's Social Security Number when you are filing this request on a Supplemental Security Income (SSI) matter.
5. **"I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE...:** State the specific reasons why you feel the determination made on the claim is

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

PRIVACY ACT NOTICE
ON REVERSE SIDE OF FORM.

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:

An Administrative Law Judge of the Office of Hearings and Appeals 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. If you have additional evidence to submit check the following block and complete the statement: <input type="checkbox"/></p> <p>I have additional evidence to submit from (name and address of source): _____</p> <p>_____ _____ _____</p> <p>(Please submit it to the Social Security Office within 10 days. Attach an additional sheet if you need more space.)</p>	<p>7. Check one of the blocks:</p> <p><input type="checkbox"/> I wish to appear at a hearing.</p> <p><input type="checkbox"/> I do not wish to appear 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.]

8. (CLAIMANT'S SIGNATURE)	9. (REPRESENTATIVE'S SIGNATURE/NAME)
ADDRESS	(ADDRESS) <input type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY;
CITY STATE ZIP CODE	CITY STATE ZIP CODE
DATE AREA CODE AND TELEPHONE NUMBER	DATE AREA CODE AND TELEPHONE NUMBER

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

10. Request for Hearing RECEIVED for the Social Security Administration on _____ by: _____

(TITLE)	ADDRESS
<p>11. Was the request for hearing received within 65 days of the reconsidered determination? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>12. Claimant not represented - <input type="checkbox"/> list of legal referral and service organizations provided</p> <p>14. Check one: <input type="checkbox"/> Initial Entitlement Case <input type="checkbox"/> Disability Cessation Case <input type="checkbox"/> Other Postentitlement Case</p> <p>16. HO COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; or <input type="checkbox"/> Title II CF held in FO to establish CAPS ORBIT; or <input type="checkbox"/> CF requested <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI (Copy of teletype or phone report attached)</p> <p>17. CF COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI <input type="checkbox"/> Other Attached: _____</p>	<p>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.</p> <p>13. Interpreter needed - <input type="checkbox"/> enter language (including sign language): _____</p> <p>15. Check claim type(s): <input type="checkbox"/> RSI only -----(RSI) <input type="checkbox"/> Title II Disability-worker or child----- (DIWC) <input type="checkbox"/> Title II Disability-widow(er) only----- (DIWW) <input type="checkbox"/> SSI Aged only----- (SSIA) <input type="checkbox"/> SSI Blind only----- (SSIB) <input type="checkbox"/> SSI Disability only ----- (SSID) <input type="checkbox"/> SSI Aged/Title II ----- (SSAC) <input type="checkbox"/> SSI Blind/Title II ----- (SSBC) <input type="checkbox"/> SSI Disability/Title II ----- (SSDC) <input type="checkbox"/> HI Entitlement ----- (HIE) <input type="checkbox"/> Other-Specify: (_____)</p>