

**OBJECTION TO APPEARING BY VIDEO TELECONFERENCING**

Name: <input type="text"/>	
Social Security Number: <input type="text"/>	
Wage Earner:	
Hearing Office: Evansville	

I do not want to appear at my hearing by video teleconference. Please schedule my hearing so that I may appear in person.

**Please return this form only if you object to a hearing by video teleconference.**

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature:	Date:	Area Code and Telephone Number:
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**Privacy Act Statement  
Collection and Use of Personal Information**

Sections 205(b)(1), 205(d) and 1631(c) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide to acknowledge you are opting-out of an appearance via video teleconferencing. Furnishing us this information is voluntary. However, failing to provide us with all or part of the information may prevent an accurate and timely decision on any claim filed.

We rarely use the information you supply us for any purpose other than to make a determination regarding benefits eligibility. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice 60-0089, entitled Claims Folder System. Additional information about this and other system of records notices and our programs are available online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may share the information you provide to other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, State or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. 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 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.



**SOCIAL SECURITY ADMINISTRATION**

Refer To:

Office of Disability Adjudication and Review  
Evansville  
SSA ODAR HEARING OFC  
FEDERAL BLDG, RM 272  
101 NW MARTIN L KING  
EVANSVILLE, IN 47708-1989  
Tel: 855-863-3559  
Fax: 812-465-6521

December 01, 2015

Dear

Thank you for your request for a hearing before an administrative law judge (ALJ). This letter explains the hearing process and things that you should do now to get ready for your hearing. We will send you a notice after we schedule your hearing. We will notify you at least 20 days before the date of your hearing. The notice will provide you with the time and place of your hearing. We generally process requests for hearing by date order, with the oldest receiving priority. We will schedule your hearing as soon as we can, which may take several months.

**Use of Video Conferencing (VTC) At Your Hearing**

In certain situations, we hold your hearing by VTC rather than in person. We will let you know ahead of time if we schedule your hearing by VTC.

If we schedule your appearance by VTC, you and the ALJ will be at different locations during the hearing. A large, color monitor will enable you and the ALJ to see, hear, and speak to each other. The ALJ will also be able to see, hear, and speak to anyone who comes with you to the hearing. This may include your representative (if you have one), a friend, or a family member. We will provide someone at your location to run the equipment and provide any other help you may need.

**You must let us know within 30 days after the date you receive this notice if you do not want to appear at your hearing by VTC. (We may extend the 30-day period if you show you had good cause for missing the deadline.) Please let us know by completing and returning the attached form in the envelope we sent your representative. We will arrange for you to appear in person.**

If you move before we hold your hearing, we retain the right to decide how you will appear at your hearing, even if you objected to appearing by VTC. For us to consider your change of residence when we schedule your hearing, you must submit evidence proving your new residence.

**The Hearing**

**Suspect Social Security Fraud? Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).**

Form HA-L2 (04-2015)

Representative

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