

**REQUEST FOR REVIEW OF HEARING DECISION/ORDER**

**(Do not use this form for objecting to a recommended ALJ decision.)**

*(Take or mail original and all copies to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post)*

See Privacy Act  
Notice on Reverse

1. CLAIMANT	2. WAGE EARNER, IF DIFFERENT
3. SOCIAL SECURITY CLAIM NUMBER	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER <i>(Complete ONLY in Supplemental Security Income Case)</i>

5. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because:

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**ADDITIONAL EVIDENCE**

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PRINT NAME	PRINT NAME
ADDRESS	ADDRESS
(CITY, STATE, ZIP CODE)	(CITY, STATE, ZIP CODE)
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**THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART**

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

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

9. Is the request for review received within 65 days of the ALJ's Decision/Dismissal?       Yes       No

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APPEALS COUNCIL OFFICE OF HEARINGS AND APPEALS, SSA 5107 Leesburg Pike FALLS CHURCH, VA 22041 - 3255	

## PAPERWORK/PRIVACY ACT NOTICE

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