



SOCIAL SECURITY ADMINISTRATION  
OFFICE OF HEARINGS AND APPEALS

**WAIVER OF WRITTEN NOTICE OF HEARING**

In the case of

Claim for

\_\_\_\_\_  
(Claimant)

\_\_\_\_\_  
(Wage Earner) (Leave blank if same as above)

\_\_\_\_\_  
  
\_\_\_\_\_  
(Social Security Number)

I have been advised of my right to receive written notice of the hearing in my case. I hereby waive the right to receive such notice.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, and ZIP Code)

\_\_\_\_\_  
(Area Code and Telephone Number)

Date \_\_\_\_\_