

COVID-19 Remote Hearing Agreement Form

Claimant's Name:	
Social Security Number:	
Wage Earner:	
Representative's Name (if any):	

At this time, due to the COVID-19 national public health emergency, we are conducting hearings only by telephone and by online video using Microsoft Teams. We will only conduct a hearing by telephone or online video if you agree to appear in that manner. If you agree to appear by online video, your representative must also formally agree to appear in that manner.

Please indicate below whether you voluntarily agree to appear at your hearing by telephone or by online video. If you agree to appear by telephone and by online video, we will determine whether to hold your hearing by telephone or by online video. If you do not agree to appear by telephone or by online video, we will delay scheduling your hearing, or, if already scheduled, we will postpone your hearing until we reopen our offices.

I agree to a telephone hearing. Please provide the following information for how we can contact you on the day of the hearing:

Your telephone number on day of hearing: _____

Representative's telephone number on day of hearing: _____

I do not agree to a telephone hearing. I understand that by selecting this option, my hearing may be delayed.

I agree to an online video hearing using Microsoft Teams. Please provide the following information for how we can contact you about the hearing:

Your Email Address:

Your Cell Phone Number:

Representative's Email Address:

Representative's Cell Phone Number:

I do not agree to an online video hearing. I understand that by selecting this option, my hearing may be delayed.

If your contact information changes or if you have questions, please call the telephone number on the notice associated with this form.

Additional Comments: _____

Your Signature:

Date:

I represent the claimant whose name appears above. I have consulted with the claimant, and the selection on this form accurately represents his or her voluntary determinations, as well as my voluntary determinations.

Representative Signature:

Date:

Privacy Act Statement
Collection and Use of Personal Information

Sections 205 and 1631 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed.

We will use the information you provide to schedule your hearing. We may also share the information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records; and
- To student volunteers and other workers, who technically do not have the status of Federal employees, when they are performing work for SSA as authorized by law, and they need access to personally identifiable information in SSA records in order to perform their assigned agency functions.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORNs) 60-0044, entitled National Disability Determination Services (NDDS) File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1810; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2019, at 84 FR 58422; and 60-0320, entitled Electronic Disability (eDIB) Claim File, as published in the FR on June 4, 2020, at 85 FR 34477. Additional information, and a full listing of all of our SORNs, is available on our website at www.ssa.gov/privacy.

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 10 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*