

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

Social Security Administration  
Office of Hearings Operations  
[Office Address]  
[City, State, Zip Code]

Re: Request for Hearing on Disability Claim

Claim Number: [Your Claim Number]

Dear [Hearing Officer's Name or "To Whom It May Concern"],

I am writing to formally request a hearing regarding my Social Security Disability Insurance (SSDI) claim, which was denied on [Date of Denial] by the Social Security Administration.

I believe that I meet the criteria for disability benefits and wish to present further evidence to support my case. The circumstances surrounding my condition are as follows: [Briefly explain your condition and how it impacts your ability to work].

I request that the hearing be scheduled at your earliest convenience. Additionally, please let me know if there are any specific documents or information you require in advance of the hearing.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]