



















**WITNESS STATEMENT**

23.

A.1. NAME

A.2. RELATIONSHIP TO CLAIMANT

A.3. Excluded

(check)

A.4. Why does witness think the claimant hasn't improved since the CPD or can't work? Basis for this opinion is (personal observation, what claimant has said, etc.):

B.1. NAME

B.2. RELATIONSHIP TO CLAIMANT

B.3. Excluded

(check)

B.4. Why does witness think the claimant hasn't improved since the CPD or can't work? Basis for this opinion is (personal observation, what claimant has said, etc.):





CONTINUATION SHEET

*The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:*

**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 60 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *Send only comments relating to our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.*