

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

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

Subject: Witness Statement for [Claimant's Name] - SSDI Application

Dear [SSA Representative's Name or "To Whom It May Concern"],  
I am writing this letter as a witness statement in support of [Claimant's Name], who is applying for Social Security Disability Insurance (SSDI) benefits. My name is [Your Name], and I have known [Claimant's Name] for [length of time] as [describe your relationship, e.g., friend, family member, co-worker].

I would like to share my observations regarding [Claimant's Name]'s medical condition and how it impacts their daily life. [Provide specific examples of the claimant's disabilities, limitations, and any relevant events or situations that demonstrate their struggles.]

For instance, [describe a specific incident that highlights the claimant's challenges, including physical, emotional, or cognitive difficulties. Be as detailed as possible about how these issues affect their ability to work and carry out daily activities.]

Additionally, I have noticed that [mention any other contributing factors or behaviors that are relevant to their condition, such as medication effects or therapy results.]

It is my belief that [Claimant's Name] is unable to sustain gainful employment due to these significant limitations. [Provide any additional comments or observations that strengthen the claimant's case.]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you need any more information or clarification regarding my statement.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]