

SOCIAL SECURITY ADMINISTRATION  
STATEMENT OF CLAIMANT

\_\_\_\_\_  
SSI Claimant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Person Making Statement

\_\_\_\_\_  
Relationship to SSI Claimants

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that:

1. I found the attached notice confusing and difficult to understand. I did not fully understand the specific factual and/or legal basis for the determination on my SSI case.
2. I did not appeal the determination because I could not figure out whether it was right or wrong.
3. I just found out that a federal court has ruled in a nationwide class action that SSI notices are unconstitutional because they do not provide enough information. See *Ford v Shalala*, 87 F.Supp.2d 163 (E.D.N.Y. 1999).
4. I also just learned that I can still appeal determinations on my SSI case beyond the usual 10 and 60 day time limits if I did not understand a confusing SSI notice. See AM-01080.
5. Therefore I want to appeal the attached notice and need free copies of the materials specified in my accompanying Request for Reconsideration before I attend a formal or informal conference.

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law and/or State law. I affirm that all information I have given in this document is true.

\_\_\_\_\_  
Date Signed