OMB Approved No. 2900-0075
Respondent Burden: 15 minutes

Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN *(Type or print)*	SOCIAL SECURITY NO.	VA FILE NO.
		C/CSS -

The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

I am writing this statement in support of my husbands. Since I've known my husband, he has always complained of chronic pain in his lower back, legs, and shoulder. I see this pain effect him on a daily basis in not only a physical way, but, in a mental way as well. He's made comments like "I'm a 26 year old living in a 70 year old body". I know that his pain effects him emotionally and physically, because he gets angry and distant with me when there are simple things that a young person his age should be able to do physically, that he cant do. There are many times where he is unable to do simple things like pick his daughter up and carry her, play outside with his daughter, play softball on the church league, and do common household chores, due to his shoulder and back pain. I know these are things he feels he should do, that he cant, because of the pain; these are thing that I then have to step in a be the main lifter or contributor. Weight gain has also been another battle that he has been trying to fight. Due to his pain, there is little that he can do for an extended period of time without causing more pain in order to help him loose the 40 plus pounds he needs to.

Also, my husbands sleep is effected by the pain he has, I see and hear him wake up frequently throughout the night, tossing and turning, complaining that his back hurts, or he can't lay on his right side because of his shoulder, or his legs are tingling and feeling like their burning. The lack of sleep effects him as well, it affects his work as an Accountant and it makes him constantly tired on a daily basis. He has told me that their are times he's gotten in trouble lately at work due to not entering the correct numbers or finding out the issue at work in time. Most evenings, when he comes home from work, he just goes and lays in bed without having any family interaction or spending any time with our family due to being so tired.

We are expecting another child in October, and he just said to me the other day that,"it's sad that I'm not going to be able to hold the new baby without being in pain." His pain not only effects him, it affects our whole family relationship and puts a hardship on us daily.

Thank you,

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
	03/22/2011	
ADDRESS	TELEPHONE NUMBERS *(Include Area Code)*	
	DAYTIME	EVENING
		Same

PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.

The following statement is made in connection with a claim for benefits in the case of the above-named veteran: