

**ZIVIC**  
SOLUTIONS, LTD.

June 18, 2008

**COPY**

**FACSIMILE TRANSMISSION**  
1 (707) 445 9619

Social Security Administration  
3144 Broadway  
Eureka, CA 95501

RE: INITIAL - TITLE II (SSDI)  
RE: Robert Delsman

██████████ ██████████

APPOINTMENT DATE: May 8, 2008      TIME: 9:00 AM

To Whom It May Concern:

Enclosed please find a copy of this office's Appointment of Representative form forwarded previously. Please be so kind as to advise this office whether this Claimant has returned all the documents necessary to initiate this claim. However, if this file is complete please inform which office of Disability Determination Services is processing this matter.

Further, please copy our office with all the correspondence to the Claimant including but not limited to decisions and award notices.

Thank you for your kind attention to this matter.

Yours truly,

Jerrold S. Zivic

JSZ/kw  
Enc.

Social Security Representation · Elder Care · Disability Management

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