**NEW CASE INFORMATION**

Type of Case:

Case Number:

**PERSONAL INFORMATION**

Name of Claimant (if Child’s SSI, please put child’s Name):

If Child’s SSI case, please put name of wage earner (parent/guardian) and their SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Telephone Number:

Alternate/Emergency Telephone Number:

Fax Number:

Driver License No.:

Social Security No.:

Date of Birth:

Place of Birth:

Current Age:

Male: Female:

Height:

Present Weight:

Usual Weight:

Right Handed: Left Handed: Both:

Criminal Record:

Any outstanding warrants out on you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Language Spoken:

Marital Status at Time of Injury:

Present Marital Status:

Living With Another Person:

Date of Marriage:

Name of Spouse of Significant Other:

Name of Previous Marriages:

Names and Birthdates of Dependents:

Do You Have Any Children Living with a Previous Husband or Wife?

Are any of those children counted by you as dependents?

Nearest Relative Not Living With You:

 Name:

 Relationship:

 Address:

 Telephone No.:

Who referred you to the office or attorney?

**EDUCATION AND MILITARY**

Highest Grade Completed:

Can you read and write in English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Finished:

GED:

Schools/Trade School/College:

Military Services (dates, branch, special training received):

Employers over the past **15 yrs.** with a brief description of your job duties(most recent listed first): \_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last time that you worked at a job earning $1,000.00 (before taxes) or more a month for at least 3 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Your Earnings For:

 The Last Tax Year:

 So Far This Year:

Other Sources of Income:

 Social Security:

 Retirement:

 Disability:

Have You Ever Received Workers’ Compensation?

If so, how much and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have You Received a Personal Injury Settlement within the past 5 yrs.? \_\_\_\_\_ If so, how much and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone else in your household work:

Do you own or rent your residence?

 Type of home:

 Levels in home:

 How many steps to get into your home:

Spouse’s Employment Information:

**MEDICAL AND CLAIMS INFORMATION**

Date of Injury:

Medical Treatment Received: Yes: No:

What are Your Health Conditions That Prevent You from Doing Your Past Work and Any Other Work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalization and Emergency Room Visits:

Nature of Operations:

What Medications Are You Presently Taking and Who Prescribed It?:

Description of Accident:

Last Day of Work Due to Injury:

Date(s) Returned to Work:

Current Symptoms:

Have you drank alcohol since you filed your most recent claim for SSD and/or SSI? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If so, how often do you drink? : \_\_\_\_\_\_

Have you ever gone to AA , NA or rehab. And had issues with substances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you used illegal substances since you filed your most recent claim for SSD and/or SSI? \_\_\_\_\_\_ If so, when and what?

**PRIOR CLAIMS HISTORY**

Work Related:

Not Work Related:

Have You Filed a Social Security Claim in the Past?

 When?

 Did you have a lawyer?

 If you have a lawyer, have they withdrawn from your case? \_\_\_\_\_ If so, when and did they waive or put on a lien for attorney fees? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do You Have a Claim Pending or on Appeal at This Time?

Which Specific Social Security Administration Office Are You Dealing With?

**REHABILITATION INFORMATION**

Have you undergone Vocational Rehabilitation for an injury: Yes: No:

Circumstances of Injury:

Rehab. No.:

Claim No.:

Counselor:

Any other information at all you’d like us to know and think is relevant to your case? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list the following for each doctor and hospital that you have seen for any of the conditions listed as part of your SSD and/or SSI case: full name of doctor, address, phone number, fax number, diagnosis received (if any given), and approximate date of treatment with that doctor.**

**For Child’s SSI cases and those clients with ADD/ADHD or Learning Disabilities, please list the name, address and phone number of all of the schools you have attended. Please indicate if you were enrolled in any special education classes.**

**MEDICAL CONTACT INFORMATION SHEET (FOR NEW CLIENT’S & TO BE USED TO UPDATE EXISTING CLIENT’S MEDICAL CONTACT INFO.):**

**1. 7.**

**2. 8.**

**3. 9.**

**4. 10.**

**5. 11.**

**6. 12.**