

Hand Law Firm, LLC.

ATTORNEY AT LAW



INITIAL QUESTIONNAIRE SOCIAL SECURITY DISABILITY

CLIENT NAME: _____ TODAY'S DATE: _____

D.O.B. & AGE: _____ S.S.N.#: _____

PHONE NO.: _____ ADDRESS: _____

1. A) Please provide the date you became disabled: _____

B) When did you start the initial filing: _____

C) When were you denied SSD: _____

D) Did you apply for SSI: _____

2. A) Marital status: _____

B) Do you have dependents? If yes, please list: _____

3. A) Are you currently employed? _____

B) When & where was you last employment: _____

C) How long have you been unemployed: _____

D) Did you receive a disabling injury on the job: _____

E) Give the total amount of time employed: _____

F) Total amount of time employed in last 10 years: _____

4. Information of your previous /current employer:

Name: _____ Address: _____

Phone/Fax: _____

Work Duties: _____

Work Schedule: From _____ to _____



5. Please explain your disability: Is your disability

A) physically: _____

B) mentally: _____

C) vocationally: _____

5. Please check the areas that you experience difficulty in:

sitting_____ standing_____ squatting_____ hearing_____

walking_____ lifting_____ vision_____ headaches_____

6. Are you currently under the care of a physician? _____

Please describe the condition being treated: _____

7. Are you currently taking any medications? If so, please list:

8. When was your last doctor's appointment and when are you scheduled to go back?

9. Please include any additional information that you feel may be relevant to your disability, which is not listed above:

