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Social Security Claim Form (Please complete)

Print, type, or write clearly, and answer all the questions to the best of your ability. Complete answers will allow our office to better help you in the processing of your claim. If you need additional space, attach a separate sheet. Thank you.

If completing online, use Tab button to navigate form.

Who referred you to contact our office? _____

What type of claim? Social Security Ins. Benefits Supplement Security Income.

Full Name: _____

Address: _____

City/ State/ Zip: _____

City

State

Zip

Phone Number (including area code): _____

Message No. (if different from Phone above): _____

Date of Birth (dd/mm/yy): _____

SSN: _____

Your Age: _____

Education (completed): _____

Do you smoke? Yes or No If yes, how many packs per day? _____

Height: Weight: lbs

What is your martial status? Married Separated Divorced Single (Check one)

If you are married, how do you file your income taxes? Jointly Separately

Do you have any children, under the age of 18? Yes No

If "yes", please list their names, date of births, and if you claim them on your taxes.

_____ DOB: _____ Yes No

_____ DOB: _____ Yes No

_____ DOB: _____ Yes No

_____ DOB: _____ Yes No

Do you have a lien with the Friend of the Court? Yes No

List what medications you are presently on.

_____	_____
_____	_____
_____	_____

Have you drawn any short term or long term disability, or unemployment benefits from your last employer or any other source?

Yes No

If "yes", what was the time frame, and how much?

Your work history over the last 15 years is very important, please complete the Work History Form the best to your ability.

Have you had a prior and/or present work injury claim? Yes No

If "yes", when, what was the injury to, who represented you, & what was the outcome?

Thank you for your cooperation.