

# SOCIAL SECURITY

## LAW CENTER

LIMITED LIABILITY COMPANY

*It's All We Do*

### CONFIDENTIAL NEW CLIENT INFORMATION

1. TODAY'S DATE \_\_\_\_\_
2. NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_  
(PLEASE LIST YOUR NAME AS IT APPEARS ON YOUR SSA CARD)
3. HAVE YOU USED ANY OTHER NAMES (AKA)? YES/NO. IF YES, LIST ALL BELOW:  
A. \_\_\_\_\_ B. \_\_\_\_\_  
C. \_\_\_\_\_ D. \_\_\_\_\_
4. CURRENT MAILING ADDRESS \_\_\_\_\_
5. CITY \_\_\_\_\_ 6. STATE \_\_\_\_\_ 7. ZIP CODE \_\_\_\_\_
8. COUNTY \_\_\_\_\_ 9. SOCIAL SECURITY # \_\_\_\_\_ 10. DATE OF BIRTH \_\_\_\_\_
11. CITY/STATE OF BIRTH \_\_\_\_\_ 12. MOTHER'S MAIDEN NAME: \_\_\_\_\_
13. HOME PHONE # ( ) \_\_\_\_\_ 14. CELL PHONE # ( ) \_\_\_\_\_
15. EMAIL ADDRESS \_\_\_\_\_
16. Are you currently married? Y / N  
SPOUSE'S NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_
17. Do you have minor children (under 18 years old) and/or a child that is 18 years old but still in high-school?  
YES/NO. If yes, list all children below:
- A. CHILD'S NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_
- B. CHILD'S NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_
- C. CHILD'S NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_
- D. CHILD'S NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_
18. Do you owe child support? Y/N 28. How much do you owe? \$ \_\_\_\_\_
19. Have you been ever been charged with or convicted of a crime? YES/NO.  
If so, list all \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. How did you hear about our firm? (Check any and all that apply)
- |  |   |
|--|---|
| <input type="checkbox"/> Brochure _____                    | <input type="checkbox"/> Mental Health Facility _____ |
| <input type="checkbox"/> Doctor's Office _____             | <input type="checkbox"/> Friend/Family _____          |
| <input type="checkbox"/> Hospital _____                    | <input type="checkbox"/> TV Commercial _____          |
| <input type="checkbox"/> News Paper _____                  | <input type="checkbox"/> Phonebook _____              |
| <input type="checkbox"/> Bus/Bus Bench _____               | <input type="checkbox"/> Online/Internet Search _____ |
| <input type="checkbox"/> Our website www.sslcnow.com _____ | <input type="checkbox"/> Other Source _____           |

**SOCIAL SECURITY INFORMATION**

21. NAME \_\_\_\_\_ 22. CURRENT AGE \_\_\_\_\_

23. EDUCATIONAL HISTORY:

- A. Circle the highest grade-school level completed? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
Enrolled in any Special Education or Learning Disabled classes? YES/NO.  
Did you receive a high-school diploma? YES/NO.  
Did you earn a GED? YES/NO.

B. Describe below any certificates achieved, vocational training, college level work/degrees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Have you already filed a SSA application? YES/NO.      25. Date application was filed \_\_\_\_\_

26. Were you denied? YES/NO.      27. Date of last denial \_\_\_\_\_      28. Did you appeal? YES/NO.

29. Are you currently represented or have you ever been represented on your claim for Social Security Benefits? YES/NO.

30. Date you became disabled \_\_\_\_\_

31. Are you currently working? YES/NO.      32. Date you last worked \_\_\_\_\_

33. Have you ever filed a worker's comp claim? YES/NO.      34. What is the status? Settled / Pending

35. Did you file a long OR short term disability claim through a private carrier (e.g., Afflac)? YES/NO.

36. Since you became disabled have you filed an unemployment claim? YES/NO.

- A. Are you still drawing unemployment benefits? YES/NO.
- B. How much monthly unemployment benefits do you receive? \$ \_\_\_\_\_
- C. On your unemployment application, did you allege any work related limitations? YES/NO.

37. PAST RELEVANT WORK (List below all job titles for all work you have done in the last fifteen (15 years) for any full or part time work:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_
- L. \_\_\_\_\_
- M. \_\_\_\_\_

**MEDICAL INFORMATION**

38. NAME \_\_\_\_\_

39. List ALL condition(s)/, diagnosis, AND impairment(s) that affect your ability to work?

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_
- F. \_\_\_\_\_
- G. \_\_\_\_\_
- H. \_\_\_\_\_
- I. \_\_\_\_\_
- J. \_\_\_\_\_
- K. \_\_\_\_\_
- L. \_\_\_\_\_
- M. \_\_\_\_\_

40. Are you currently getting medical treatment (i.e., seeing a doctor)? YES/NO.

41. Are you currently taking any medication? YES/NO.

42. Do you have a history of alcohol abuse? YES/NO.

43. Do you currently abuse alcohol? YES/NO.

44. Do you have a history of using illegal drugs? YES/NO.

45. Do you currently use illegal drugs? YES/NO.

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DO NOT WRITE BELOW THIS LINE

DIB    SSI    DLI \_\_\_\_\_