

Social Security Disability Questionnaire
(with BWC review included)

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Date: _____, 20____.

- 1) Full name (first, middle, last): _____
- 2) Date of Birth:

- 3) Telephone Number (cell / home):

- 4) Social Security Number:

- 5) Have you ever filed a claim for social security benefits?
 - a. _____ Yes
 - b. _____ No (If no, skip to #8)
- 6) Are you currently represented in your claim?
 - a. _____ Yes
 - b. _____ No (If no, skip to #13)
- 7) What is the status of your claim?
 - a. _____ Claim Filed and Pending
 - b. _____ Claim Filed and Denied
 - i. If the claim was denied, was an appeal filed?
 1. _____ Yes
 2. _____ No
 - a. If no, when did you receive the denial? _____
- 8) Have you been unable to work or stopped working due to a medical or psychological condition?
 - a. _____ Yes
 - b. _____ No (If no, skip to #13)

- 9) What are the medical or psychological conditions that have kept you from working?

- 10) Did your medical condition(s) require surgery?
a. _____ Yes (approximate surgery date: _____)
b. _____ No

- 11) Have you worked in at least five (5) of the last ten (10) years for employers where Social Security Taxes were withheld from your checks?
a. _____ Yes
b. _____ No

- 12) What is your highest level of education completed?
a. _____ Primary (K - 7)
b. _____ Secondary (8 - 12) Grade: _____
c. _____ Post Secondary Vocational Training
d. _____ College Degree

- 13) Can we cross check your information (SS#) with the Ohio Bureau of Worker's Compensation (BWC) to see if we can potentially assist with a workers' compensation claim?
a. _____ Yes
b. _____ No

Thank you for your interest in allowing the George E. Moore Law Office, LLC assist you with your pursuit of Social Security Benefits and/or an Ohio Bureau of Worker's Compensation (BWC) claim.

In order to allow us to begin assisting you, and to also begin an Attorney-Client relationship, please contact us at your convenience.

We would love the opportunity to work with you.