**Social Security Disability Questionnaire**

**(with BWC review included)**

**GEORGE E. MOORE LAW OFFICE, L.L.C.**

**441 East Market St. / P.O. Box 41**

|  |  |  |
| --- | --- | --- |
| **(567) 890-4141**  | **Celina, Ohio 45822**  | **Info@GeorgeMooreLaw.com** |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.**

1. Full name (first, middle, last):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Telephone Number (cell / home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you ever filed a claim for social security benefits?
	1. \_\_\_\_\_\_ Yes
	2. \_\_\_\_\_\_ No (If no, skip to #8)
4. Are you currently represented in your claim?
5. \_\_\_\_\_\_ Yes
6. \_\_\_\_\_\_ No (If no, skip to #13)
7. What is the status of your claim?
	1. \_\_\_\_\_ Claim Filed and Pending
	2. \_\_\_\_\_ Claim Filed and Denied
		1. If the claim was denied, was an appeal filed?
			1. \_\_\_\_\_ Yes
			2. \_\_\_\_\_ No
				1. 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?
9. \_\_\_\_\_\_\_ Yes
10. \_\_\_\_\_\_\_ No (If no, skip to #13)
11. What are the medical or psychological conditions that have kept you from working?

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

  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Did your medical condition(s) require surgery?
	1. \_\_\_\_\_\_ Yes (approximate surgery date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
	2. \_\_\_\_\_\_\_ No

1. 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?
2. \_\_\_\_\_\_ Yes
3. \_\_\_\_\_\_ No
4. What is your highest level of education completed?
	1. \_\_\_\_\_ Primary (K - 7)
	2. \_\_\_\_\_ Secondary (8 - 12)  Grade:   \_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_ Post Secondary Vocational Training
	4. \_\_\_\_\_ College Degree

1. 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?
2. \_\_\_\_\_\_ Yes
3. \_\_\_\_\_\_ 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.**