

**TRACY A. WALLEY**

Attorney at Law  
502 Lafayette Avenue  
P. O. Box 115  
Leakesville, MS 39451  
Telephone: 601/394-2112 or 601/441-8592  
Fax: 601/510-0256  
E-mail: [twalley99598@gmail.com](mailto:twalley99598@gmail.com)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE (even if not filing, list): \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**YOU MAY COMPLETE THIS QUESTIONNAIRE or CONTACT THE OFFICE FOR A CONSULTATION:**

**Have you filed for benefits with Social Security Administration?** \_\_\_\_\_  
**If you have filed, please list dates (approximate) and benefits applied for?**

\_\_\_\_\_  
**Have you been denied?** \_\_\_\_\_  
**If you so, please list the denial date and what level (i.e. reconsideration, appeal of decision)?**

\_\_\_\_\_  
**Please list work history (type of work and how long is acceptable):**

**Please list date and age that you became disabled:** \_\_\_\_\_

**Please list conditions and if you have a doctor treating same:**

**Comments:**