

## Social Security Claim Intake Information

Name: Last, First Middle	Date of Birth	Social Security Number	M	F
e-mail address	Occupation(s) (last 5 yrs):			
Home Phone	Work Phone	U.S Citizen?: Yes No		
Address		Last Date Worked:		
City, ST ZIP Code		Have you applied for Social Security previously? Yes No		
		Result of application?	Denial Date?	

## Injury and / or Illness Information

Injured Body Part(s) or Illness:	Type of Claim: SSI: SSD: Other:
List any Surgeries, medications and/or current treatment:	

Briefly describe how injury or illness occurred:

Names of Doctor(s) you are treating with:

## General Information

What is the stage of your current claim? (Initial filing; Request for Reconsideration; Request for Hearing; Other):

Has your Doctor released you to return to work? No Yes Have you returned to work? No Yes

Do you have any prior Work Comp injuries or claims? Yes No (If yes, please list below)

Name of any current or prior attorneys: Reason for seeking representation:

Have you received:	If yes to any, list approximate dates you received each benefit:	
SDI	Yes No	
Workers' compensation	Yes No	
Public Assistance	Yes No	

Have you been convicted of a crime and served time in a state prison?

Do you have any outstanding warrants?

Other Comments:

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**Please fill in this form, print and FAX it to Wheeler & Beaton, A Professional Law Corporation, at  
(805) 541-5434**

Upon receipt, we will review the information and call you to set an appointment for a Free Consultation with one of our Attorneys. Please give us one working day to process before calling our office. Thank you for your cooperation.