

THE LAW OFFICE OF JAMES ANDREWS
SOCIAL SECURITY DISABILITY TELEPHONE INTAKE

First name Date:
Last name E-mail
Mother's maiden name Phone

Address Referred by
City State Zip Code Name of Caller

Type of Claim SSD SSI Concurrent Widow/er Disabled Adult Child

AGE DOB Education Date last worked

Prior work experience

Impairments

Medications

SSA Application Date filed Cessation Case Continuing benefits
 Initial denial Date Date Disability Ceased
 Recon request Date
 Recon denial Date
 Hearing not yet requested
 Hearing requested Date
 Hearing scheduled Date Time ALJ

AC Hearing denial Date ALJ
 Request for review not filed
 Request for review filed Date
 Request for review denied Date

APPOINTMENT

Day Date Time

Decline case Reason