

Attorneys

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**SOCIAL SECURITY DISABILITY**

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

Name: \_\_\_\_\_ (Age) Birthdate: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Claim No.: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (message) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Children's ages: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Where did you last work? \_\_\_\_\_

Why did you stop working? \_\_\_\_\_

When did you apply for Social Security Disability? \_\_\_\_\_

Indicate last status of claim: Date 1<sup>st</sup> application denied: \_\_\_\_\_

Date request for reconsideration filed: \_\_\_\_\_ Date reconsideration denied: \_\_\_\_\_

Date request for hearing filed: \_\_\_\_\_ Date hearing scheduled: \_\_\_\_\_

Judge assigned: \_\_\_\_\_ Who are your doctors: \_\_\_\_\_

What treatment have you received: \_\_\_\_\_

Highest grade completed: \_\_\_\_\_ Job held as of last date worked: \_\_\_\_\_

Wage of last job: \_\_\_\_\_ Jobs held 15 years prior to disability: \_\_\_\_\_

Do you have a current workers' compensation claim? Claim No.: \_\_\_\_\_

Status (time loss rate): \_\_\_\_\_

Are you represented in that case? (Attorney): \_\_\_\_\_

Any prior industrial injuries? (Claim numbers): \_\_\_\_\_

Have you drawn public assistance or unemployment since you stopped working? (Details): \_\_\_\_\_

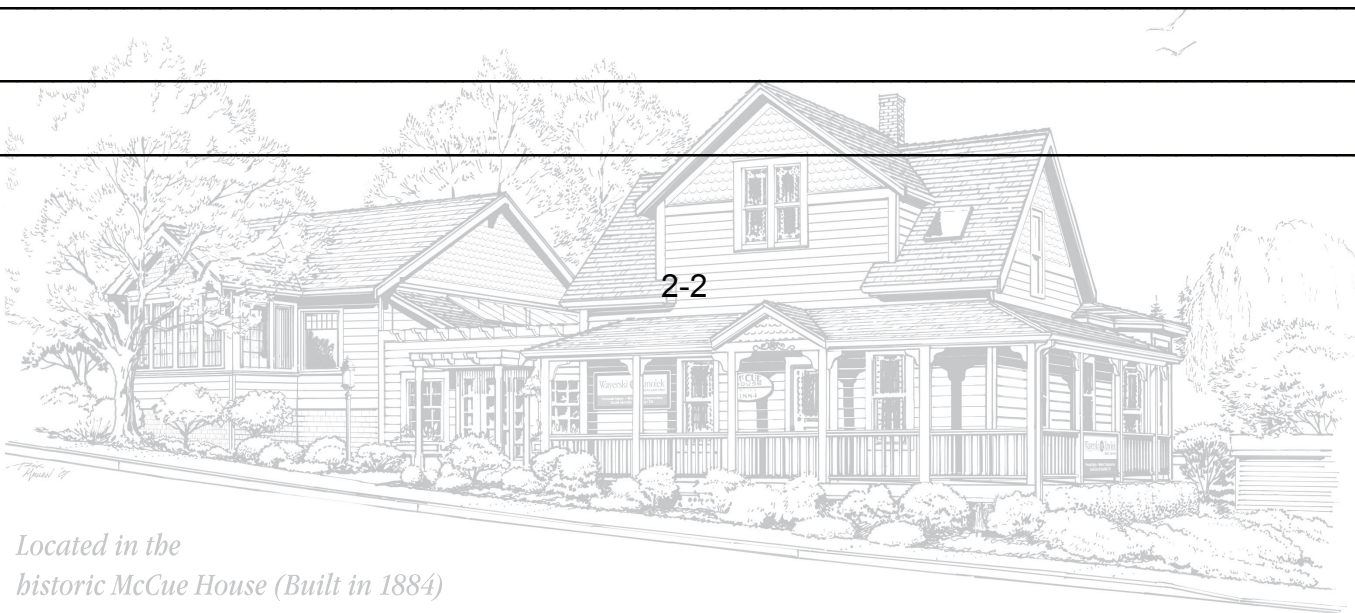
Name of DSHS caseworker/telephone number: \_\_\_\_\_

Have you applied for Social Security Disability before (when; result)? \_\_\_\_\_

Have you been represented by other attorneys in this claim (who)? \_\_\_\_\_

Other information which would assist us in evaluating your claim: \_\_\_\_\_

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\_\_\_\_\_  
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*Located in the  
historic McCue House (Built in 1884)*