



THE LAW OFFICES OF
Gregory K. Kornegay
ATTORNEY AT LAW

Telephone: (910) 763-5757

Toll Free: 1-866-579-5757

Fax: (910) 763-5677

Attached to this letter you will find an Interview Form (Social Security Disability Questionnaire). Complete the form in as much detail as you can. Please remember the following:

1. **Cases before the Social Security Administration for Disability are decided either favorably or unfavorably based upon medical evidence – Please provide information on your current medical treatment.**
2. The date that you last worked is important because working after the date you said you became disabled may be an issue.
3. Receiving unemployment benefits is important because receiving these benefits after the date you said you became disabled may be an issue.
4. Drug / Alcohol Abuse are important because in certain circumstances this can form a basis for the denial of a claim.
5. **SEND THE COMPLETED FORM TO US AT:**

MAIL:

Gregory Kornegay
P.O. Box 900
Wilmington, N.C. 28402; or

FAX: (910) 763-5677; or

EMAIL: gkornegay@aol.com

Sincerely,

GREGORY K. KORNEGAY

Gregory K. Kornegay, Attorney At Law

P.O. Box 900, Wilmington, NC 28402

Office: 910-763-5757, Fax: 910-763-5677, Email: gkornegay@aol.com

myattorneygreg.com

Social Security Disability Questionnaire

Name_____

Address_____

Phone_____

Email_____

Age_____ Birth date_____ SSN_____

Male/Female. Dependents:_____ Marital Status:_____

Education:_____

Current Case Status

Do you currently have an attorney representing you on this case? _____

Are you currently receiving Social Security Disability benefits? _____

Do you have an **active** case with the Social Security Adm? _____

If yes, at what stage is your disability claim? _____ Waiting on Initial Decision
_____ Reconsideration _____ Hearing

List disabilities you are claiming on your application.

What prevents you from working? _____

Are you able to perform any type of work with your disability? _____
If yes, what work would you be able to perform? _____
Have you tried to work since the onset of your disability? _____; if so, how long did your work attempt last? _____

Prior Work

Have you worked 5 out of the last 10 years, making more than \$1,000 per month? _____
Describe your prior work _____

What is the date of your last employment? _____

Before you left your last job, did your medical problems require you to make any changes in the hours of work, the way you worked, your job duties, absences, etc.? _____

Explain _____

Unemployment Benefits

Are you receiving or have you received unemployment benefits? _____

If yes, how much do you receive? _____ How often _____

When did unemployment benefits begin? _____ End? _____

Monthly Income

What is your monthly household income? (This includes all income from all sources coming into your household) _____

Drug / Alcohol Abuse

Do you or did you have a drug abuse problem? _____

If yes, answer the following:

Name the abused drug: _____

Did you receive treatment? _____ Where? _____

How long have you been drug free? _____

Do you or did you have an alcohol abuse problem? _____

Did you receive treatment? _____ Where? _____

How long have you been without alcohol? Since Month _____ Year _____

Current Medical Treatment

Have you spoken with your doctor or doctors concerning your disability and your desire to receive social security disability benefits? _____

Would your doctor be willing to help us prove that you are unable to work? _____

Describe what your doctor has told you about your ability or inability to work because of your medical problems:

When was your last doctor's visit? _____

Purpose of visit ? _____

How often do you see your current treating doctor? _____

From where would current medical evidence come to support your disabilities?

Do you have medical insurance? _____ If yes, what kind? _____

Signature _____ Date _____

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