



THE LAW OFFICES OF  
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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](mailto:gkornegay@aol.com)

Sincerely,

GREGORY K. KORNEGAY

**Gregory K. Kornegay, Attorney At Law**

P.O. Box 900, Wilmington, NC 28402

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**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?

\_\_\_\_\_  
\_\_\_\_\_

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Do you have medical insurance? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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