

# Sherri Johnson Smelley, P.C.

SHERRI J. SMELLEY  
ATTORNEY AT LAW

## GENERAL INFORMATION SOCIAL SECURITY DISABILITY

Clients Name: \_\_\_\_\_

Adult  Child

If Child, name of Parent or Guardian: \_\_\_\_\_

### CLIENT'S PERSONAL INFORMATION:

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-MAile Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

### PARENT OR LEGAL GUARDIAN'S PERSONAL INFORMATION:

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-MailAddress: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

### CONTACT PERSON:

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Facsimile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Relationship with Client: \_\_\_\_\_

*Please provide the following information:*

- Medical already in your possession
- Worker's compensation Information (including settlement agreement, date of injury, claim number, and proof of other disability awarded payment interview).
- Your Driver's license for Identification.