

SOCIAL SECURITY DISABILITY TELEPHONE INTAKE FORM

FILING DEADLINE: Saturday, February 4, 2012
DROP DEAD DATE: Thursday, February 9, 2012

NAME: JORDAN BILBO
ADDRESS: 704 S. 99th
Monroe, LA 71999

Phone: (318) 999-9999

Social Security Number: 999-99-9999
Mother's maiden name:

Type of claim: DIB and SSI

DOB: March 8, 1959 **Age:** 52
Age category: Person closely approaching advanced age
Place of birth:

Education: Secondary School
Client has 0 dependents.

Full name of caller: Jordan Bilbo
Relationship of caller to client: Self

Client has not telephoned us before.

Referred by: Chris Foster **Interviewer:** slm

Telephone Interview Date: February 1, 2012. Followup call on _____ by _____

Date Last Worked: February 24, 2007 – **Exertional level:** Very Heavy – **Prior work experience:** Concrete deliverer
General laborer

Describe impairments: Physical Impairment Only: Cervical and lumbar degenerative disc disease
Mr. Bilbo has not been treated at LSUMC.
Prospective client is already represented by Chris Foster.

SSA: Application November 26, 2007

DDS: Initial denial date _____

ALJ: Deadline to request hearing _____

Hearing not yet requested

Hearing already requested on _____

Hearing scheduled for _____

Time _____ **ALJ:** _____

Unfavorable decision by ALJ on _____ the ALJ was _____

AC: Deadline for request for review of ALJ decision by AC _____

Request for review of ALJ decision has not been filed

Request for review and records, disks and recordings filed on _____

Records, etc. delivered by letter dated _____ AC deadline _____

AC Denial on December 6, 2011

Court: **Court filing deadline** _____

Court petition filed on _____ **Record received on** _____

Brief due on _____ **Brief deadline extended to** _____

Brief filed on _____

JORDAN BILBO Phone: (318) 999-9999
704 S. 99th
Monroe, LA 71999
Social Security Number: 999-99-9999

SCHEDULE APPOINTMENT: send 1st appointment letter only; send questionnaires only; send both.
Also send form 501 form 520.

APPOINTMENT: Attorney *jgr* Assistant *Sherry Mouton*

Day: _____ Date: _____ Time: _____

Basic Questionnaire Physical Mental Minor Parent's Questionnaire

Other Questionnaire _____

Form 501 (appeal to ALJ) Form 520 (appeal to AC)

OTHER: _____

RESCHEDULE APPOINTMENT: send appointment letter only; send questionnaires only; send both.
Also send form 501 form 520.

APPOINTMENT: Attorney *jgr* Assistant *Sherry Mouton*

Day: _____ Date: _____ Time: _____

Basic Questionnaire Physical Mental Minor Parent's Questionnaire

Other Questionnaire _____

Form 501 (appeal to ALJ) Form 520 (appeal to AC)

OTHER: _____

RESCHEDULE APPOINTMENT: send appointment letter only; send questionnaires only; send both.
Also send form 501 form 520.

APPOINTMENT: Attorney *jgr* Assistant *Sherry Mouton*

Day: _____ Date: _____ Time: _____

Basic Questionnaire Physical Mental Minor Parent's Questionnaire

Other Questionnaire _____

Form 501 (appeal to ALJ) Form 520 (appeal to AC)

OTHER: _____

DECLINED CASE because _____
