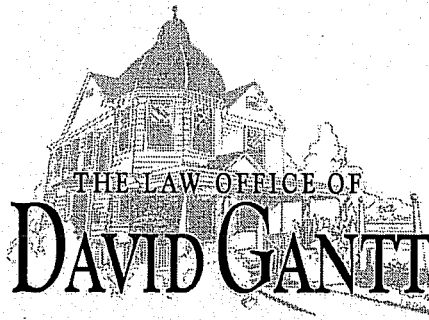


82 CHURCH STREET  
ASHEVILLE, NC 28801

Board Certified Specialist in  
Workers' Compensation Law



ATTORNEY AND COUNSELLOR AT LAW  
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www.davidgantt.com

(828) 252-2852  
TOLL FREE (800) 273-4002  
FAX (828) 254-4539

November 7, 2013

Dear CLIENT NAME:

Thank you for choosing David Gantt Law Office to assist you in your claim for Social Security disability. Enclosed is an information sheet which **MUST** be completed, in its entirety, and brought with you to your appointment. I will also need other documents such as:

- (1) any documents received from the Social Security Administration (SSA);
- (2) workers' compensation or personal injury information, including payment or settlement;
- (3) short & long-term disability forms and payment information;
- (4) VA disability documents and payment information;
- (5) or, any other information related to your disability application, including forms filled out by your physician(s) concerning your disability.

You should bring any medical records that you currently have in your possession that are more than ten (10) years old, but we will request the remaining set of available medical records. It is not necessary for you to obtain any medical documents to bring to your appointment.

Please make arrangements to arrive **20 minutes** prior to your scheduled appointment on **Day, Date, Year, Time** at my office. We have enclosed a map for your convenience. ***We have our own parking lot behind the house where parking is free.***

All of the requested information is needed so that we may effectively represent you. Please remember to complete the enclosed form and bring all related documents with you. ***If the form is not completed, we may need to reschedule your appointment.*** We look forward to meeting you at this appointment.

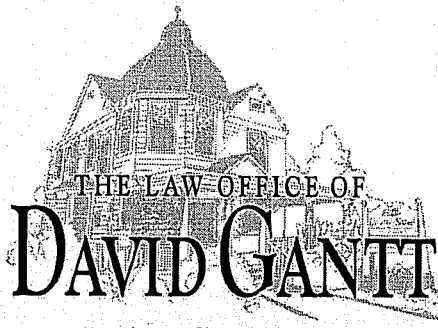
Sincerely,

David Gantt  
*Electronically signed for expediting*  
N.C. State Bar No. 9808

CDG/gm  
Encs.

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### CLIENT INFORMATION SHEET

**\*\*\*PLEASE COMPLETE AND BRING TO YOUR SCHEDULED APPOINTMENT\*\*\***

***If the form is not completed, we may need to reschedule your appointment.***

Who may we thank for the referral to our office? \_\_\_\_\_

- Phone book       Attorney     Physician    TV     Previous Client     Friend
- Radio             Newspaper  Word of mouth     Other: \_\_\_\_\_

**PERSONAL HISTORY:** Name or nickname you go by: \_\_\_\_\_

Full Legal Name (including middle and maiden): \_\_\_\_\_ ()

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Message phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Marital status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Parents full names: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State: \_\_\_\_\_ Phone#: \_\_\_\_\_

How many people live in your home: \_\_\_\_\_ # of Children under 18: \_\_\_\_\_ Over age 18: \_\_\_\_\_

Please list the complete names of all minor children or dependents, including step-children, and those not living with you, that may be eligible for benefits on this claim:

<u>Dependent Full Name</u>	<u>Dependent Social Security Number</u>
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### EDUCATION & MILITARY HISTORY:

Please list the last school you attended: ; ; \_\_\_\_\_

City & State of School (if not in Western NC): \_\_\_\_\_ GED: \_\_\_\_\_

Did you attend college?  Yes     No    Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Did you serve in the military?  Yes     No

If yes, please list branch, dates of service, and reason for discharge \_\_\_\_\_

How much time do you spend on the computer daily? \_\_\_\_\_



**MEDICATIONS:** List all medications you've taken since you became disabled.

<u>Name of medication</u> (As printed on bottle)	<u>Reason for Medication</u>	<u>Prescribing Doctor</u>	<u>Side effects that you have experienced</u>

**EMPLOYMENT HISTORY:** What type(s) of work have you done for the last fifteen (15) years?

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