

Robert Ishikawa Attorney at Law

Easy Qualification Form

Name _____

Address _____

Email _____

City _____

Age _____ Education Level _____

State _____ Zip Code _____

Work Experience _____

Phone (_____) _____

1) Have you applied, but denied,
for SSI or SSD?

Yes No

2) Is your condition "severe"?

(Your condition must interfere with basic work-related activities for your claim to be considered. If it does the Social Security Administration will find that you are not disabled.)

Yes No

3) How long have you been seeing
your current doctor?

4) Have they done any objective
medical tests?

(Objective medical tests include MRI, blood tests, X-rays, etc.)

Yes No

5) Are you currently working?

(If you are working and your earnings average more than \$1,000 a month, you generally cannot be considered disabled.)

Yes No

If you are working, is it full or part time?

Full Part

DISCLAIMER

By submitting this form I agree to the following disclaimer.

This submission does not constitute a request for legal advice and that I am not forming an attorney client relationship. I understand that I will only retain an attorney by entering into a written fee agreement, and that I am not hereby entering into a fee agreement. I agree that the information that I will receive in response to the above question, if any, is general information and does not constitute legal advice. I further understand that this matter may be referred to other counsel.

MAIL or FAX to our office.

Mailing address:

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