



HEALTH CONDITION STATUS

CASE NO.

Friend of the Court Address:
219 E. Paw Paw Street, Paw Paw, MI 49079
Email: foc@vanburencountymi.gov

Telephone No:
(269) 657-7734
Fax No: (269) 657-8282

Last Name		First Name		Phone Number	
Address			City	State	Zip

1. What is your medical condition(s) or mental health diagnosis? _____
2. What date did this condition begin? _____
3. When will this condition end? less than 1 year 1 – 2 years 3 – 4 years Never
4. Have you applied for Social Security Disability? Yes No
If yes, what is the status? Pending Denied Appealed – Date Appealed: _____
Name and phone number of attorney (if applicable): _____
5. Have you applied for Worker's Compensation or Supplemental Security Income (SSI)?
 Yes, Worker's Compensation Yes, SSI No
If yes, what is the status? Pending Denied Appealed – Date Appealed: _____
Name and phone number of attorney (if applicable): _____
6. Are you currently taking any medications that may impact your work performance? Yes No
If yes, please list any medications you are prescribed: _____
7. Are you able to perform any type of work (including odd jobs)? Yes, Full Time Yes, Part Time No
8. Do you have work restrictions verified by a medical professional? Yes No
If yes, please list: _____
9. How are you supporting yourself? _____
10. Do you have health insurance? Yes No
11. Do you have a regular physician? Yes No
If yes, how often do you see your physician? Monthly Quarterly Yearly As needed
12. Do you have a physician statement indicating you are unable to work? Yes No
13. When is your next doctor's appointment? _____

The above statements are true to the best of my knowledge and belief.

_____ Date

_____ Signature

PLEASE ATTACH DOCUMENTATION REGARDING YOUR MEDICAL CONDTION – Failure to attach documentation may result in further enforcement action on your case.