

QUESTIONNAIRE FOR EMPLOYMENT LAW CONSULTATIONS

Please fill out this form completely and honestly, as we must conduct a conflict check on each potential client. We cannot make a proper determination without complete information. ALL INFORMATION IS KEPT CONFIDENTIAL.

1. Personal Information

Full Name: _____ Date: _____

Name you prefer to be called: _____

Home phone#: _____ cell phone # _____

Fax #: _____ E-mail: _____

Current Address: _____

Preferred method/time of contact: _____

Date of Birth: _____ SS#: _____

Professional Degrees, licenses, certifications: _____

Married? _____ Name of Spouse: _____

Spouse's employer and occupation: _____

2. Information about current employment

Currently employed? _____ Current job title: _____

Name of current employer: _____

Type of company: _____

Number of employees in company: _____ Number of employees in your office: _____

Employer's address: _____

Date of hire: _____ Current job title: _____

Current Status: [] full-time [] part-time [] temporary [] probationary

[] contract employee

You are paid (check all that apply): [] salary – how much per year: _____

[] hourly wage – how much per hour: _____

[] commissions – percentage: _____

[] bonuses: _____

overtime pay

expense reimbursement

Do you supervise any employees? _____ If so, how many? _____

Check all that apply: I set my own schedule, days, times to work

I bring and/or use my own tools/equipment

I determine how the job will be performed, not my employer

Duties: _____

Work schedule (days/times): _____

3. This consultation is regarding my: current employer former employer

(if current employer, then skip down to section 4)

If former employer:

Name of company: _____

Address of location where you worked: _____

Type of company: _____

Address of corporate headquarters: _____

Number of employees: working for the company: _____ In same office as you: _____

On date of hire: Your job title: _____

You were paid (check all that apply: hourly salary commissions

bonuses overtime pay

expense reimbursement

Rate of pay: _____

Duties: _____

Job status: full time part time temporary probationary

Upon termination: Your job title: _____

You were paid (check all that apply: hourly salary commissions

bonuses overtime pay

expense reimbursement

Rate of pay: _____

Duties: _____

Job status: full time part time

4. Why are you here? (Check all that apply)

- Want unemployment benefits Want unpaid overtime or bonuses
 I feel I may have been wrongfully terminated (i.e., illegal discrimination, retaliation, etc.)
 Need review of severance package, release, or non-compete agreement
 Other: _____

5. Adverse Employment Action

Check all that apply: termination resignation demotion pay cut
 harassment other: _____

Date above action was taken: _____

Your status at that time: full-time part-time temporary probationary

Name of Supervisor: _____

Disciplinary actions leading up to this action: _____

Were the disciplinary actions taken according to company policy? _____

Reason given by company for this action: _____

Reason you believe action was taken: _____

Did you appeal the decision within the company? _____ Outcome: _____

6. Unemployment Benefits:

Are you receiving unemployment benefits? YES NO

If no, have you filed for unemployment benefits? _____ Date: _____

Determination: approved denied decision pending

If denied, have you filed an appeal? _____ Date: _____ Outcome: _____

Do you currently have a TWC hearing scheduled? _____ Date: _____

7. Wrongful termination (if applicable)

Check any of the following that you believe might apply:

Harassment Retaliation

Discrimination based upon: race national origin age

disability gender

Explain: _____

How many instances of above behavior occurred? _____

Name of individual(s) engaging in this behavior: _____

Did you report this behavior? _____ Verbally or in writing? _____

To whom and on what dates: _____

Outcome: _____

8. Formal Complaints filed:

a. Have you filed an EEOC complaint in this matter? _____ Date filed: _____

Was a determination letter issued? _____ Date letter was received: _____

Did you bring the letter with you today? Yes No

What was the determination? _____

Are you aware of any pending deadlines in this case? _____

b. Have you filed a complaint within the company or an appeal? _____

Date(s) filed: _____ Outcome: _____

9. Potential Witnesses: _____

10. What do you hope to accomplish through an attorney? (i.e., get job back, etc.) _____

11. Previous legal action:

- a. Have you consulted with another attorney in this matter? _____
Outcome: _____
- b. Have you ever filed suit against a former employer? _____ How many times? _____
Dates: _____ Outcome: _____

12. Past Employment History

How many jobs have you had in the last ten (10) years? _____

I have answered the questions above honestly and completely, to the best of my knowledge.

Signature: _____ **Date:** _____

Attorney Notes: