

EMPLOYMENT RIGHTS ATTORNEYS

Confidential and Privileged Questionnaire for Employees

The purpose of this questionnaire is to provide us with basic information about your situation. Please make sure you complete this form before your consultation. The fee for your first consultation will be **\$125 per half hour or \$250 per hour** and is measured in incremental units of .1 hours for all the time spent in consultation. The fee is due and payable by cash, check or credit card **at the time of your consultation**. By consulting with our attorneys you are agreeing to pay our fees.

PERSONAL DATA

Full Name	Date
Home Address - Street	Home Phone No.
Home Address - City, State, Zip	Home Fax No.
Social Security No.	Cell Phone No.
Private E-mail Address	Current Work No.
Current Employer	Work Fax No.
Name of Person who will always know how to contact you	Person's Phone No.

PROBLEM EMPLOYER DATA

Name of Employer	No. of Employees
Employer's Address	Employer's Phone No.

HISTORY WITH PROBLEM EMPLOYER

Date of Hire	First Job Title	Starting Salary
Date of Termination (if applicable)	Most Recent Job Title	Most Recent Salary
Name of Immediate Superior	Job Title	
Name of Superior's Supervisor	Job Title	

TYPE OF EMPLOYMENT PROBLEM(S)

<input type="checkbox"/> Hiring	<input type="checkbox"/> Promotion	<input type="checkbox"/> Slander	<input type="checkbox"/> Other
<input type="checkbox"/> Termination	<input type="checkbox"/> Demotion	<input type="checkbox"/> Performance Evaluations	
<input type="checkbox"/> Harassment	<input type="checkbox"/> Benefits	<input type="checkbox"/> Wages-Compensation	

DISCRIMINATION AND RETALIATION

Please indicate if you feel your Employer's treatment against you was based at least in part on your:

Sex Sexual Orientation Race
 Disability Gender Identity National Origin/Ancestry
 Religion Marital status Age (Date of Birth: _____)
 Retaliation Pregnancy
 Other _____

HISTORY AFTER TERMINATION

Name of Current Employer

Current Job Title

Your Estimate of Lost Wages, Benefits After Termination

Current Salary

Have you sought any treatment or counseling as a result of your termination? Yes No

ADMINISTRATIVE COMPLAINTS

Have you filed a complaint regarding your current problems with:

When?

Equal Employment Opportunity Commission Yes No _____

Department of Fair Employment & Housing Yes No _____

U. S. Department. of Labor Yes No _____

Div. of Labor Standards Enforcement a.k.a.
(Labor Commissioner's Office) Yes No _____

Workers' Compensation Appeals Board Yes No _____

OTHER COMMENTS

Please use this Card for billing purposes: MasterCard Visa Discover

Card Number: _____ Expiration Date: _____

3-Digit Code: _____ Billing Zip Code: _____

Signature

Today's Date